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ABSTRACT

These hearings transcripts present testimony on proposals to improve the quality of child care in the United States. Both oral and submitted written statements are included. Contributors are: Representative Peter Deutsch (Florida); Senator James M. Jeffords, committee chairman; Senator Mike Enzi (Wyoming); Senator Edward M. Kennedy (Massachusetts); Senator Christopher J. Dodd (Connecticut); Representative Benjamin Gilman (New York); Senator Connie Mack (Florida); Senator Bob Graham (Florida); a Florida couple whose child died while in day care; the principal investigator from the Study of Early Child Care, National Institute of Child Health and Human Development; a physician representing the American Academy of Pediatrics; a family child care provider from Connecticut; vice president for global workforce diversity, IBM Corporation; commissioner of the New Jersey Department of Human Services; Governor Jim Hunt (North Carolina); executive director of the National Association of Child Care Resource and Referral Agencies; a representative of the Child Welfare League of America; and executive director of the Early Childhood Development Center Legislative Coalition. (EV)

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IMPROVING THE QUALITY OF CHILD CARE

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HEARING

OF THE

COMMITTEE ON LABOR AND HUMAN RESOURCES UNITED STATES SENATE

ONE HUNDRED FIFTH CONGRESS

FIRST SESSION

ON

EXAMINING PROPOSALS TO IMPROVE THE QUALITY OF CHILD CARE IN THE UNITED STATES, INCLUDING THE PROPOSED CREATING IMPROVED DELIVERY OF CHILD CARE: AFFORDABLE, RELIABLE, AND EDUCATIONAL ACT OF 1997

JULY 17, 1997

Printed for the use of the Committee on Labor and Human Resources

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IMPROVING THE QUALITY OF CHILD CARE

THURSDAY, JULY 17, 1997

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The committee met, pursuant to notice, at 2:04 p.m., in room SD–430, Dirksen Senate Office Building, Senator Jeffords (chairman of the committee) presiding.

Present: Senators Jeffords, Kennedy, Dodd, Wellstone, and Murray.

The CHAIRMAN. The committee will come to order.

I am going to vary things a little bit due to the circumstances that both the House and Senate are meeting, and this is going to cause some disruption to the availability of Members.

I am going to withhold my statement because Congressman Deutsch is in the middle of a vote, so I will give him the honor of starting these hearings off. I understand that you and Congressman Gilman have introduced a very similar bill in the House. I will let you proceed, and then we will return to the normal order.

Please begin. It is a pleasure to have you here, and thank you for your assistance.

STATEMENT OF HON. PETER DEUTSCH, A MEMBER OF CONGRESS FROM THE STATE OF FLORIDA

Mr. DEUTSCH. Thank you, Senator, for your courtesy, and I will return as soon as I have voted.

I have a statement that I will submit for the record, but to summarize, unfortunately, what this committee will be hearing today is probably every parent's nightmare, but in this case the nightmare was real.

Although Congress has looked at day care in the past, it really appears that it is time to look at it again and look at some specific improvements that can be made so that others in this country will not suffer a similar loss.

With that, I think there is much more relevant testimony that can be stated, and I will be return, hopefully, as soon as I have voted.

The CHAIRMAN. Thank you very much. It is a pleasure to have you with us.

[The prepared statement of Mr. Deutsch follows:]

PREPARED STATEMENT OF REPRESENTATIVE PETER DEUTSCH

Mr. Chairman and members of the committee, I would like to thank you for having me here today, and I would like to thank Mark and Julie Fiedelholtz who have

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traveled from Plantation, Florida to offer their testimony regarding the tragic loss of their young son in a day care center.

The time has come for this Congress to reexamine the state of child care in America. Although the states retain jurisdiction over setting child care standards, Congress can and should take action to encourage the use and support of licensed, accredited child care; funding for accelerated training and information dissemination; and the general increase of quality, affordable care.

Child care standards in Florida are more stringent than those in many other States. Furthermore, Broward County where the Fiedelholtz Family and I reside, is one of four Florida counties to enact even tougher local regulations pertaining to licensure for family child care centers. Yet even under these circumstances, tragedy occurred. The experience of the Fiedelholtz Family reminds us of the need for a national effort to ensure quality care, effective standards, and sufficient training.

For these reasons, I have joined my colleague, Representative Gilman, in sponsoring the CIDCARE Act to address the issue of quality in America's child care system. I reiterate my thanks to the committee and my support and appreciation of the Fiedelholtz Family for their courage in testifying here and for their efforts to ensure the safety of day care for all children.

OPENING STATEMENT OF SENATOR JEFFORDS

The CHAIRMAN. Incidentally, there were a large number of both Representatives and Senators who desired to speak today, but because of time constraints we had to limit it to those who have been most intimately involved, including the sponsors of the legislation in the House. Thus, I apologize publicly to those Members of the House and Senate who asked to speak and who I was unable to accommodate—I will probably pay for that later, but that is all right.

First, I want to welcome everyone to this important hearing on improving the quality of child care. I am pleased to have each of our witnesses here and look forward to hearing their testimony. I am especially honored to be joined by Senator Mack and Senator Graham, who will be here shortly, as well as Congressman Gilman and, of course, Representative Deutsch, who just spoke.

Today there are more than 12 million children under the age of 5, including half of all infants less than a year old, who spend at least part of their day being cared for by someone other than their parents. There are millions more school-age children under the age of 12 who are in some sort of child care situation at the beginning and end of every school day, as well as during school holidays and vacations; and even more 6- to 12-year-olds who are latchkey kids are returning home from school to no supervision because parents are working, and there are few, if any, alternatives.

Mothers working full- or part-time, dual-income families, and single parents with children are now the norm in America. For most families, the need for child care is not choice, but an essential element of their economic survival. For parents who must work, good child care services—child care that is dependable, affordable, convenient, and of high quality—are critical for the family to reach and maintain economic self-sufficiency.

Steady increases in the number of employed women with young children combined with last year's welfare reforms have placed tremendous pressures on communities to dramatically expand the amount of available child care. While the supply of child care has increased over the past 10 years, there are still significant shortages for parents in rural areas, those with school-age children or infants, and for lower-income families.

I believe that few of us know how much child care costs. For a 3- to 4-year-old, which is the least expensive age group, the national average for center-based child care is $4,600 a year. The average cost for high-quality care is between $8,500 and $9,100 a year. The cost for family-based child care is generally less expensive but still a big part of a family's budget.

A family normally spends about 20 percent of its income on housing and 10 percent on food. The cost of child care for a low- or middle-income family can rival the cost of housing and be double the cost of food.

Even though most of us recognize the critical part that child care plays in the economic survival of families, we often fail to recognize it as a basic cost which consumes a significant portion of a family's income.

While the cost of child care has risen about 6 percent annually since 1990, there are strong indicators that the quality of child care has significantly decreased during the same period of time. Parents are paying more but getting less.

The quality of child care in America is very troubling. A recent nationwide study found that 40 percent of the child care provided to infants in child care centers was potentially injurious. Fifteen percent of center-based child care for preschoolers was so bad that a child's health and safety are threatened. This study focused on center-based child care, the most heavily regulated and frequently monitored type of child care. Care for children in less regulated settings is predicted to be much worse.

Combining the research on the quality of child care with the recent breakthroughs on the development of the human brain produces a very disturbing picture. Many children enter child care by 11 weeks of age, are in child care for close to 30 hours a week and often stay at some form of child care until they enter school. During that same period of life, a child's brain is undergoing a series of extraordinary changes, building the foundation for future learning and development.

I know that all parents want their children to be safe and nurtured, helped to grow and develop, while they are at work. But parents can only purchase the child care they can afford. Those who do find care that is affordable and convenient are often unsatisfied with the quality of care the child receives. In fact, one-quarter of all parents would change their child care arrangement if they could find and afford something better.

For most American working families, good-quality child care is not readily available or easily affordable—regardless of whether they want to have their child cared for in a family-based setting, in their own homes, or in a child care center. And if you cannot find quality care or afford to purchase that care, your choices for your child are severely limited.

That is why I introduced the CIDCARE Act today with Senator Dodd. The formal name of the legislation is "Creating Improved Delivery of Child Care: Affordable, Reliable, and Educational Act of 1997." That is the longest acronym I have had that is shortened down into something which means a lot to us.

Anyway, there is no single factor which ensures the quality of child care, but rather a combination of factors. Child care that

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makes the healthy development and education of children is the first objective.

The CIDCARE Act incorporates what we know into a multilevel approach for improving the quality of child care so that parents will have a real choice. This legislation combines modifications to the Tax Code—incidentally, an identical version of the tax provisions in this legislation received 57 votes—we needed 60—in the floor consideration of the budget reconciliation bill, so we have substantial support for it on the tax side as well; an incentive grant program for States which includes a grant program to encourage small business partnerships to provide employee child care and wage subsidies for child care providers who get additional training and education; a technology-based infrastructure for the professional development of child care providers; educational loan forgiveness for child care providers; requirements that States include the cost of child care in the calculation of child support orders; expansion of the Federal Government's technical assistance and information dissemination role; and requirements that child care centers located in Federal facilities meet high-quality standards of care. This legislation puts all of these provisions into a comprehensive package to improve the quality of child care in America.

Each of the provisions has been included to solve a specific problem that has been a barrier to improvements in the quality of child care. Taken as a whole, these provisions represent a cohesive, focused effort to increase the supply—while simultaneously creating a demand for high-quality child care. At the same time, CIDCARE makes high-quality child care affordable for low- and middle-income families.

To offset the cost of these changes, the bill reduces but does not eliminate the dependent care tax credit for upper-income taxpayers. It also gradually decreases our 5 years, the amount that an employee can place in a dependent care assistance plan used to reimburse nonaccredited and noncredentialed child care.

In addition, the bill expands the coordinated enforcement efforts of the Internal Revenue Service and the HHS Office of Child Support Enforcement, which will significantly reduce the amount of fraud related to illegal tax deduction and credit claims by noncustodial, noncontributing parents.

The need for high-quality child care is compelling. Having affordable, convenient child care is tied directly to a family's ability to produce income. Good child care can be an effective way to support the healthy development of children, particularly in the acquisition of social and language skills.

For the millions of children who spend much of their preschool lives in nonschool hours being cared for by someone other than their parents, child care provides the foundation upon which all future education will be built and determines to a significant extent whether that foundation will be strong or weak.

As we all know, quality child care costs money. It costs money to parents who bear the biggest burden for the cost of child care. It costs business, both through the direct assistance that they provide to employees to help with the costs of child care, and through their ability to hire and retain a skilled workforce by providing good child care. It costs Government, through existing tax provi-

sions, direct spending and discretionary spending targeted at child care.

But the costs of not making the investment are even higher. Those costs can be measured in the expense of remedial education, the expansion of an unskilled labor force, the increase in prison populations and, most importantly, the blunted potential of millions of children for an adequate education.

We will now receive a statement for the record by Senator Enzi.

[The prepared statement of Senator Enzi follows:]

PREPARED STATEMENT OF SENATOR ENZI

Thank you, Mr. Chairman. I want to voice my strong support for your bill, S. 1037, the "Creating Improved Delivery of Child Care: Affordable, Reliable, and Educational Act of 1997"—better known as the CIDCARE Act. I also want to commend you for your steady work on this important measure and for your commitment to enhancing the quality of child care throughout the Nation. I firmly believe that this measure would stimulate the demand for higher quality child care and I am proud to join Senator Dodd as an original cosponsor.

We have seen the number of working women in our country continue to rise during the last 5 decades. In addition, the number of children enrolled in child care has also risen. Unfortunately, the quality of this care has not risen to match the rapid increase in enrollment. That is why we must modernize the way we provide child care assistance by allocating our scarce resources more efficiently. By doing so, our children will benefit. That is clearly an investment in our Nation's future.

It is often the case with a lot of families that one parent works to pay the bills while the other one works to pay the taxes. A lot of people are working two 2 jobs just to make ends meet, and often, both parents are working two jobs. The resulting increase in the number of employed women in the workforce has dramatically expanded the number of child care providers. This expansion is truly beneficial to parents who need available child care, but the ratio of children to providers and the ensuing reduction in the quality of that care when staff and resources are stretched is still troubling.

In Wyoming, the quality of the care provided to our children is taken very seriously. Child care providers licensed by the State of Wyoming must have 12 credit hours in education, CPR training, meet fire marshal standards, and have a minimum amount of floor space for the children entrusted to their care. The state ensures that all licensed providers comply with these requirements and would continue to do so if this bill is passed but they would do so much more effectively.

This legislation would provide a $260 million competitive grant program to assist States in improving the quality of care we provide our children. States must use at least 30 percent of the grant funds awarded to establish a subsidy program to provide salary increases to licensed child care providers. The remainder of the grant funds awarded could be channeled toward establishing a scholarship program to help child care providers meet the costs of education and training; expanding State-based child care training and

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technical assistance activities; improving consumer education efforts including the expansion of resource and referral services and child care complaint systems; providing increased rates of reimbursement provided under Federal or State child care assistance for children with special needs; or even for purchasing special supplies, equipment, or meeting other expenses necessary for the care of special needs children. Moreover, this legislation would further expand the Community Development Block Grant to States to help renovate existing child care facilities.

Equitable distribution of resources based on the percentage of income a family uses to meet child care expenses must be represented in any change to the current system. This legislation reduces, but does not eliminate, the dependent care tax credit for upper-income taxpayers by changing the way the Child and Dependent Care Tax Credit is administered. The income level for the receipt of the highest percentage of employment-related child care costs would be increased from $10,000 to $20,000. The percentage would be decreased at a rate of 1 percent for each additional $2,500 in adjusted gross income and a minimum percentage of 10 percent would be set for incomes of $70,000 and above. Employees would be allowed to contribute more to a Dependent Care Assistance Plan account. Moreover, families who qualify for the Earned Income Tax Credit (EITC) would receive a refund of the child care tax credit on a quarterly basis. The EITC was originally geared to assist families with dependent children—not couples without any kids at all. Clearly, changes are in order.

Small businesses are fighting an uphill battle in meeting the child care needs of their employees. Having played the small business owner role for over 25 years, I can appreciate the need for giving such employers "a break." This legislation creates a tax credit for employers providing or otherwise supporting child care arrangements for their employees. Fifty percent of the expenses incurred by a business to meet the child care needs of employees would be credited toward the business' Federal tax liability. Included in this provision are start-up costs, renovations to meet accreditation standards, professional development for child care providers, general operating expenses, and subsidized child care for lower paid employees. Small businesses need incentives in order to be more involved in meeting the child care needs of employees. After all, Congress is placing more parents into the workforce following last year's welfare reform legislation. We should provide some tax incentives to employers who are providing those jobs.

This legislation would also authorize $50 million a year to establish and operate a technology-based training infrastructure to enable child care providers nationwide to receive the training, education, and support they need to improve the quality of care they provide. We must reap the benefits of the Internet to enhance the quality of child care. We spend a lot of time talking about how the Internet can be harmful to children. Here's a chance to show how it can dramatically help them. By creating a child care training and education interactive "network," child care credentialing and accreditation entities for training, skills testing, and other activities needed to maintain child care credentials would be greatly enhanced. Moreover, a no-interest revolving loan fund will be estab-

lished to enable child care providers to purchase computers, satellite dishes, and other equipment which would enable them to participate in the child care training provided by this technological infrastructure.

States must continue to receive assistance in order to achieve a higher quality of care for our children. This legislation provides more efficient and pragmatic methods for administering that assistance and the proper incentives for enhancing the quality of care we provide our children. I want to again commend my colleague from Vermont, Senator Jeffords, for his dedication to this important matter. This is a strong bill and is a step in the right direction.

Thank you, Mr. Chairman.

The CHAIRMAN. Through the testimony of our witnesses today and the comments of those who have contributed written testimony, we may discover even more ways in which the Federal Government can effectively improve the quality of child care for our children. To quote Time magazine, "Good, affordable day care is essential brain food for the next generation."

Senator Kennedy.

OPENING STATEMENT OF SENATOR KENNEDY

Senator KENNEDY. Thank you very much, Mr. Chairman. I know that Senator Dodd will be here in a few moments, and all of us commend you and Senator Dodd for your leadership on the whole range of child care issues.

First, I want to thank the Fiedelholtz' for joining us at the hearing today to tell their story, which is one of enormous tragedy and personal loss. We know it is never easy to talk about matters like this, and we just want you to know that we are grateful to you for your willingness to share your experience. The best way we can make sure this does not happen again is to try to learn from your experience.

All of us are cautious about making comments in your presence because of both your understanding of what is needed out there and how important it is, and your story certainly illustrates that. So we want to thank you very much for your testimony today.

Let me thank my colleagues as well for joining us and again commend Senator Jeffords.

I think the need for quality child care is becoming more and more evident to all Americans. We have been made increasingly aware of the importance of early intervention with children. We have tried to recognize this in other legislation, such as our Head Start legislation, in terms of building and strengthening the self-confidence of children; and also recognizing the importance of a nurturing atmosphere for children in these child care settings, one which will allow for the bonding that is so essential to child development in those earliest years.

We are not doing that adequately at the national level; we are not really providing adequate support for it. We passed the child care block grant program a number of years ago, Senator Hatch, Senator Dodd, Senator Jeffords and I, however the amount has not grown in the years since. It has stayed at $1 billion for working families—it has not increased even one nickel. There was some ex-

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pansion of child care in the welfare bill, but it is still totally inadequate.

We can learn a lot from some of the States. In my own State of Massachusetts, we have had very important protections for children in terms of the professionalism required of personnel. We have established standards which exceed those at the Federal level. There are some very good programs.

Mr. Chairman, the protections for children have got to be placed in Federal legislation. We know what needs to be done. We had legislation that was actually reported out of this committee with rather extensive protections for children. Unfortunately, it was watered down on the floor and now is the child care block grant program that is in effect in the States.

The best child care is in the military, the strongest child protections are in that legislation. The provisions are very similar to those which this committee proposed for all child care, civilian as well as military. All working men and women deserve the same high quality of child care which currently is required just for military families.

We need to look at the issues of early intervention, supply and demand, and quality. I would hope that we would insist that the States develop the necessary protections for children on quality, and if the States are not going to do it, we ought to create minimum standards. It is only in that way that we are going to make sure we will have adequate safeguards in terms of training of personnel, in terms of programs which stimulate an interest in learning, and in terms of creating conditions as close as possible to the nurturing family situation which is so important for very small children.

Whatever time I have left, Mr. Chairman, I will give to my friend and colleague, Senator Dodd.

[The prepared statement of Senator Kennedy follows:]

PREPARED STATEMENT OF SENATOR KENNEDY

I commend Senator Jeffords and Senator Dodd for their leadership on child care and I welcome this hearing as a major opportunity to educate the committee and the country on this very important issue.

Twelve million American children under age 6, and 17 million children between the ages of 6 and 13, have both parents or their only parent in the work force, and therefore need some form of nonparental care. The development of these children is heavily dependent on having safe, reliable child care that offers them the opportunity to form stable relationships with caring adults and other children and to engage in intellectually stimulating activities. Child care that fulfills these goals can make all the difference in enabling children to learn, grow, and develop normally, reach their full potential, and become contributing members of society.

Unfortunately, many children do not have access to the child care necessary for such development. Child care for young children is in short supply. Even when available, it is often very expensive, and beyond the reach of large numbers of working parents. There is also a shortage of child care during non-business hours. These problems are becoming even more serious with the implementation

of welfare reform, which is requiring mothers of very young children to take jobs. Obviously, they need and deserve decent child care arrangements for their children, or else welfare reform will fall.

The two key issues are supply and quality. We need to increase the availability of child care, and we need to make sure that care available meets basic standards. A safe environment for children is the first priority. But quality child care has to be more than safe—it should be a positive experience that encourages the child's growth and development. Warehousing children in dead-end child care while their parents are at work is unacceptable. It is also a serious long-term threat to our society as a whole. Frankly, I would call it child abuse.

Research clearly shows that positive experiences in early childhood enhance children's brain development. Good child care has the potential to contribute immensely to children's growth. A National Institute of Child Health and Development study which we will hear about this afternoon has identified a number of key elements essential for effective child care. So, I look forward to today's hearing and to working with the committee to see that the Nation's children receive the opportunities they deserve and need.

The CHAIRMAN. Senator Dodd.

OPENING STATEMENT OF SENATOR DODD

Senator DODD. Thank you very much, Mr. Chairman, and I thank my colleague from Massachusetts.

I thank all of our witnesses for being here. I was just walking over with Ben Gilman, showing him where the hearing room was.

Mr. Chairman, I thank you immensely for these hearings. As you can see by the turnout in the committee room here today, there is a tremendous amount of interest in this subject matter. My only regret, of course, is that we have to hear as well from some parents today, the Fiedelholtz', and their tragedy.

I want both of you to know how deeply I appreciate your willingness to be here today. This is very hard for people to do, but you are contributing significantly to this. Too often, we deal with numbers and abstractions in this town, and good people can find their eyes glazing over with all of this. But to meet a couple like you and to listen to what you have to say to this committee and to this Congress and to the American people may help us convince some who fail to understand that basic quality for child care is not something that should be a luxury for a few.

My Lord, we have States that provide standards for pets that we cannot provide for our own children in this country.

I realize it is difficult to be here, but please know that your presence here makes the case far better than I or anyone else on this committee can to the American people, and perhaps to some of our colleagues who just do not seem to get it. We have been at this for too long—for 15 years—trying to get decent child care in this country. Through the efforts of Ted Kennedy and Jim Jeffords and Orrin Hatch, who fought so hard years ago when we obtained a block grant and set aside 4 percent—that is all we could get—for quality.

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We had 57 votes for Pat Roberts' and Jim Jeffords' legislation, in a bipartisan way, but we came up three votes short, providing a tax break for States setting the standards, that we would provide some assistance for a move in that direction.

This ought not to be a battle; this ought to be something we do without having to go through all of this. So I am deeply appreciative of your presence here and your testimony.

Ed Zigler, who is a wonderful friend of mine—at Yale University's Bush Center in Child Development—showed this chart to Senator Kennedy at our luncheon today. Ed has done some studies over the years and has been a really remarkable source of information on child care and brain development and the importance of good child care.

He points out in his studies that State are failing the quality test—no State had child care regulations in place that could be characterized by the Bush Center in Child Development as quality standards; only one-third of the States had minimally acceptable regulations; two-thirds of the States had regulations that did not even address basics—caregiver education, safe environment, appropriate provider-child ratios. And that does not even address enforcement. We are not talking about whether regulations are enforced at all.

After all of this, story after story, day after day, all across the country, we find that only one-third of our States have any kind of regulations in place that deal with the basics, and we are not even confident that those are necessarily being enforced.

I am comforted that my own State of Connecticut is part of that one-third who have some standards in place, and I am happy that they have done that, but too often this is not the case. As I said, we provide standards for everything else in this country, and it seems to me this ought to be more commonplace.

We are going to hear from Lynn Behrmann later, Mr. Chairman—and I thank you for allowing her to be a witness—she will testify that good child care is not just making sure that there are safety gates on the stairs, and that the electric outlets are covered. It means creating a setting in which a consistent caregiver offers to children a nurturing environment with age-appropriate learning activities.

Again, with all the information we have on the early development of a child's brain from age zero to age 3, we know how significant and important it is that it is not just safe, but that there is also a good learning experience going on. This is critically important, and we will hear more about that later today. For 13 million children, these early years are critically important.

We will introduce a bill later in the day, Mr. Chairman. You and I will be going to the floor to introduce that legislation, and we can discuss about it here later. Again, I thank you for your leadership on these issues.

Placing your child in a child care setting should not be like going to Las Vegas, where you roll the dice. It ought to be something that at least approximates as closely as possible the kind of care that parents would provide. And we ought to ask that question. I do not buy the argument that because people are individual home caregivers, they cannot meet standards. That is malarkey. Those

days are over, as far as I am concerned. If you are going to be a child care provider, you ought to meet basic standards, and if you cannot, you ought not be licensed or allowed to be in the business of doing so and collecting money from people for doing it.

I am determined, however long it takes, to can build a consensus. I am not interested in a big, Federal mandate. Our tax bill did not have any Federal mandates in it. It said let the States set them. Jim Jeffords and I did not offer one regulation, one law. We said let the States do it—but for God's sake, do it. And if you do it, and you place your child in that setting, we will try to help you out financially to do so.

But I hope we can build a groundswell in this country so that we never, ever, every have to greet parents like the Fiedelholtz' in this committee ever again; so that we can say we have taken care of this—it does not mean we are going to stop every problem; I know that—but so that we will know that we have done our job at this level of Government to see to it that child care is not going to be, as I said, a Las Vegas experience, but one where people can have some confidence that their children are safe.

Mr. Chairman, I thank you.

The CHAIRMAN. Thank you, Senator Dodd.

[The prepared statement of Senator Dodd follows:]

PREPARED STATEMENT OF SENATOR DODD

Mr. Chairman, I'd like to thank you for convening this hearing on the importance of quality in child care.

I only regret that it requires a loss like that suffered by the Fiedelholtzes (fee-del-holtzes) to capture our Nation's attention about the poor quality of care being delivered to some of our children.

Continuing along our current path—paying child care providers poorly, not offering affordable training and education, not helping parents seek out quality care, only guarantees that we're going to continue hear about more tragedies like the death of Jeremy Fiedelholtz.

For the most part, we in the Federal Government have largely deferred the issue of quality to the States.

The sole significant contribution of the Federal Government to improving the quality of this Nation's child care is the modest 4 percent setaside for quality improvement that we struggled to create within the child care development block grant. This lack of Federal support for quality has not served children well.

A few years ago my good friend Ed Zigler from Yale University did a survey of State child care regulations that he mentioned last month at this committee's hearing on brain development. (You have a chart on this)

He found, in short, that States are failing the quality test—no State had child care regulations in place that could be characterized as good quality standards. Only a third of States had minimally acceptable regulations. Two-thirds of States had regulations that didn't even address the basics—caregiver training, safe environments, appropriate provider child ratios.

Keep in mind, we're not even talking about how well or whether States actually enforced those standards. This study was simply

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asking a question about the first step in quality—whether States had basic child care quality standards on the books that providers could be held to.

While it was of some comfort to see that my State of Connecticut was one of the few with at least acceptable standards, what about the children in South Carolina or Idaho where child care was found to be virtually unregulated? What about the State of Florida, where parents like the Fiedelholtzes unknowingly place their children in care found by this study to be "poorly regulated"?

We have safety standards for the food we eat and the cars we drive. Is it too much to have some basic standards for child care providers—individuals who literally hold a child's life in their hands?

And even beyond basic health and safety standards, we must consider how we can assist caregivers in supporting children's growth and development.

As Lynn Behrmann, a CT family provider, will later testify good child care is not just making sure there are safety gates on the stairs and the electric outlets are covered. It means creating a setting in which a consistent caregiver offers to children a nurturing environment with age appropriate learning activities.

Recent findings on the brain demonstrate that the environment that we provide to children in their earliest years has an astonishing impact on their potential to learn and to grow.

We know that for an estimated 13 million children, these early years, the years in which a child's capacity to learn is wired, are spent in child care settings. Many of these 13 million children enter care at the age of 3 months and are in care until they enter schools years later.

Having fought the fight for affordable quality child care for over 15 years, I'm well aware of the uphill battle that we face in trying to come to terms with the need to improve child care quality.

I understand the concerns of my colleagues that somehow raising standards will ultimately limit parent choice. However, it's good public policy and only common sense that we ask that child care providers—individuals who literally hold children's lives in their hands—meet some standards of competence.

We're not trying to squeeze every family into a one-size-fits all definition of quality. But we can all agree that all parents want to know that when they can't be there, their children are safe.

I was pleased to join Senator Jeffords today in introducing legislation that would go a long way toward giving parents that peace of mind and I urge my colleagues to support this bill. This bill would:

- provide resources to States and other public or private entities to develop quality standards,
- help providers get the education and training they need to meet those standards,
- encourage employers to play a role in creating quality child care, and
- reward families who demand high quality care.

Child care shouldn't be like going to Las Vegas—where you roll the dice and hope for the best. All families should be winners when it comes to getting quality child care for their children.

This should not be a partisan issue. All of us want the best for our children. When they can't be with their parents, we want them to be in high quality care.

Again, I thank the chairman for convening this hearing and look forward to hearing from our witnesses.

The CHAIRMAN. Congressman Gilman, I know that you have a vote that just started in the House. It is a pleasure to have you here, and I am very pleased to have you as the lead sponsor in the House and deeply appreciate your participation.

Please proceed.

STATEMENT OF HON. BENJAMIN GILMAN, A MEMBER OF CONGRESS FROM THE STATE OF NEW YORK

Mr. GILMAN. Thank you, Senator Jeffords, Senator Dodd, Senator Kennedy, Senator Reed—and I see we are joined by our good Senators, Senator Mack and Senator Graham, from Florida, and my good colleague from the House is here with us, Congressman Deutsch, and we have been working together.

I want to thank you for your leadership on this important issue of providing quality child care. That should be a priority in this Nation as more and more families are becoming dual-earning households, thus necessitating the need for child care.

I have become even more interested in this important issue due to the tragedy which has occurred in the Fiedelholtz' family, my former constituents. Mark Fiedelholtz' was an intern in my office during the early 1980's, and I have had the pleasure of knowing and working with his family from Orange County in the State of New York for many, many years. Accordingly, I was shocked and disheartened to learn of the death of July and Mark's son Jeremy after spending only 2 hours at a day care facility that had been highly recommended to them.

I am, however, gratified that Mark and Julie have chosen not to sit back, but to forge ahead and turn this tragedy into a constructive effort to provide accredited and credentialed child care workers in facilities.

Child care continues to be a worry for most families as stories continue to surface about the lack of quality child care. Moreover, research has clearly demonstrated that a high-quality child care program is one that makes the healthy development and education of our children a first objective and strives to stimulate the learning process of all children through developmentally appropriate activities that foster social, emotional and intellectual growth.

In addition, families in today's society are increasingly required to have both parents enter the workforce, and accordingly, the demand for quality child care is increasing as is the need for credentialed, accredited child care providers.

Accordingly, with your leadership, I have looked forward in the House to working with you and have introduced CIDICARE. This bill is a companion bill to the one you have introduced in the Senate, and hopefully, it will stimulate the demand for higher-quality child care for our Nation's children, while simultaneously removing barriers and providing resources to improve the quality of child care in the United States.

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Our children are our future, and we must insist that they receive the best care possible.

Thank you for allowing me to proceed. I have to return to the House to vote.

The CHAIRMAN. Thank you very much.

Julie and Mark, you have two very fine Senators who have been leaders in this field, and I am lucky to have them both as friends. I look to them for guidance in these areas.

Senator Mack, please proceed.

STATEMENT OF HON. CONNIE MACK, A U.S. SENATOR FROM THE STATE OF FLORIDA

Senator MACK. Thank you, Senator Jeffords, and let me express my appreciation for your holding this hearing today. And let me say to Senator Dodd and Senator Kennedy, who has stepped out, how much I appreciate the eloquent and sensitive statements that you both made, and particularly your understanding of what this must be like for the Fiedelholtz' to be with us here today.

Mr. Chairman and members of the committee, again, I thank you for providing me with the opportunity to introduce Mark and Julie Fiedelholtz. Their presence in front of this committee a mere 5½ months after the death of their son at a day care facility demonstrates a profound degree of commitment to reform the day care system and a strength of character not often seen in people who have experienced such senseless tragedy.

From the moment I heard about their 3-month-old son's death, on this first day at a day care facility, naturally, my heart went out to them for their loss. Since then, I have been impressed with their unselfish outward focus on trying to keep this from happening to anyone else's child. I understand that kind of outward focus. I have devoted much of my efforts to helping find a cure for cancer as a result of my brother's death from melanoma in 1979. I know the kind of commitment that can come from the loss of a loved one, and I commend the Fiedelholtz' on theirs.

This issue of quality child care has become increasingly important as more of us have sons and daughters and grandchildren who are in day care. According to the National Center for Education Statistics, we are now at a time in America where 6 out of every 10 children under the age of 6 who have not entered kindergarten are receiving some type of care from people other than their parents. This translates into more than 12.9 million young children under day care supervision.

On a more personal level, quality day care has become a prominent topic in my office lately, as four staff members have become new mothers in the last year. I believe that this situation is typical of offices across America, where new mothers rejoin the workforce after giving birth, either out of economic necessity or a desire for professional fulfillment. This has increased the demand for day care and has brought us to a point where we cannot afford to treat its quality and safety as an afterthought.

Again, I want to thank Mark and Julie for sharing their son's story with this committee. Their presence here today is a poignant reminder that our policy debates are ultimately about real people.

Thank you, Mr. Chairman and Senator Dodd.

The CHAIRMAN. Thank you, Senator.
Senator Graham.

STATEMENT OF HON. BOB GRAHAM, A U.S. SENATOR FROM THE STATE OF FLORIDA

Senator GRAHAM. Thank you, Mr. Chairman, Senator Dodd.

I wish to share in the comments of my colleague, Senator Mack, on our appreciation for your holding this hearing. I particularly want to thank Mark and Julie for their willingness to share what has got to be an indescribable personal tragedy and to use that tragedy as a means of making this a better land for our most vulnerable children.

Mr. Chairman, I look forward to working with you and with other members of this committee, with my friend Senator Mack, in seeing that we use this experience in as constructive a way as possible in order to establish some national standards for the treatment of our children, particularly those children who are entrusted by their parents to what they have every reason to believe will be an appropriate, loving environment.

I have a statement that I would like to ask be printed in the record, but let me just make two points. First, this is an issue which I suggest is likely to get significantly more severe in the immediate future. One example and one motivating force of that increasing severity is actions that the Congress has taken recently in welfare reform. We are creating a new tidal wave of children who will require appropriate, quality child care.

If I could just use my own State as an example, in December of last year, there were 30,582 Florida children on the waiting list—on the waiting list—for subsidized child care. That number, 30,582, is the largest that has ever been recorded in the State's history.

According to the Florida Children's Forum, a Statewide child care research and referral network, 45 percent of the parents cited affordability of child care as their primary concern. Even families at the median income may have to pay as much as 15 percent of their income for licensed child care services.

What will the effect of the recently adopted welfare reform be on our State? It is estimated that, within 24 months after passage of the welfare reform bill, there will be an additional 39,000 children who will need subsidized child care in our State. That is on top of the record number that we had in December of 1996, of 30,582.

So we are facing a tidal wave of demand for affordable, quality child care. To meet this demand is going to require a reinvigorated partnership, a partnership which includes families, local communities, nongovernmental organizations, churches, community groups, and it will include government at the local, State and Federal levels. It is our responsibility to see that the Federal Government plays an appropriate partnership role in meeting this need.

We are also going to have to look for innovative ideas for involving the private sector and expanding employer-employee partnerships in child care. We all know of examples where that has served to provide the kind of quality care. In my own State of Florida, the American Bankers, a large employer in Dade County, have established on their site not only a child care center, but also a primary public school education facility so that children, from toddlers

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through the third grade, can attend an affordable, appropriate, quality center close to where their parents work.

We also need to look for ways to harness one of the most underutilized resources available in the provision of child care, which is the volunteers who are available in the community. In my State, we have a significant senior citizen population and examples of where that population has served in a very constructive way to influence the lives of our Nation's children.

So Mr. Chairman, we have a major responsibility before us, a challenge that is about to become significantly more so. We have some experiences that can be the seedcorn for the development of further national initiatives.

Again, we turn to the Fiedelholtz' and thank them for their willingness to help energize this national understanding of the importance of this issue. I hope that this hearing will serve not only as an opportunity to understand what happened in the life of this one beautiful child but also as a clarion call for national action.

Thank you.

The CHAIRMAN. Thank you, Senator Graham.

[The prepared statement of Senator Graham follows:]

PREPARED STATEMENT OF SENATOR GRAHAM

Mr. Chairman, thank you for the opportunity to appear before the Senate Labor Committee along with my fellow colleagues from Florida: Senator Connie Mack and Representative Peter Deutsch as well as Mark and Julie Fiedelholtz.

Mark and Julie were the unfortunate victims of a tragic incident. Jeremy, their infant son, died as the result of neglect during his first day at a family day care center. Their story is touching while at the same time inspirational. Inspirational because they have turned the incident into a constructive effort to address an important matter.

I want to thank Mr. and Mrs. Fiedelholtz for being here today, and I wish to express my condolences for their tragic loss. Most importantly, I want to express my gratitude for the actions they have taken to draw attention to the issue of child care in America.

Mr. and Mrs. Fiedelholtz, I hope that there is some small comfort in knowing that Jeremy's death has helped awaken the public to an issue of national importance, the current State of child care in our States and communities.

Mr. Chairman, I fear that for every tragic instance such as the one that befell this family, there are many more cases of inadequate and unsafe child care that go unnoticed or unreported.

Therefore, Mr. Chairman, I applaud your efforts to find innovative ways to improve the national child care network. I was pleased to cosponsor your amendment to the reconciliation bill that, if passed, would have created additional incentives in our tax code for providing quality child care while lowering the cost to low-income families.

While the committee considers the need for quality child care, I urge you to keep in mind the new demands created by last year's welfare reform legislation. If we are indeed serious about moving people from welfare to work, we must ensure that the obstacles to work are eliminated. Hence, the issue of child care affordability must also be addressed.

For example, in December of 1996, there were 30,582 Florida children on the waiting list for subsidized child care, the highest number ever recorded. According to the Florida Children's Forum, our statewide child care resource and referral network, 45 percent of parents cite affordability of child care as their primary concern. A single parent working at minimum wage would have to pay over half of his or her gross income in order to purchase care at a market rate for one child. Even families at the median income may have to pay 15 percent of their income for licensed care.

Further innovative approaches, such as encouraging employer/employee child care partnerships, are necessary to fill the need for affordable and quality care. Senator Kohl's recent amendment establishing a tax credit for employer-provided care represents a significant step in this direction.

Mr. Chairman, when I learned of my invitation to appear before the committee, I asked Florida businesses for their thoughts and experiences on what is working and what is not in the realm of child care. I asked for successful approaches that are working for private industry and for input from the private industry about what the government can do for employers and their workers. The feedback I received was illuminating.

Michael Carsch, general manager of the Ritz-Carlton on Amelia Island, wrote and told me that, "The lack of affordable and available child care causes turnover, employee absences and people who cannot seek employment because of the economics involved."

Rita Newton, comptroller of Columbria Grain & Ingredients in Lake City, wrote, "We are too small a company to provide in house day care, but we do see a problem, particularly for the single parent trying to do it all alone. Day care is expensive, especially for those at the lower echelon of the earning power."

Cheryl Parker, Vice-President of Nations Bank in the Tampa Bay area, indicated that the key problem facing her organization was the lack of non-traditional daycare outside of normal business operating hours.

Lastly, a grocery distributor in the Central Florida town of Kissimmee, expressed that, "the current tight labor market is making the hiring process more competitive . . . The availability of day care at a reasonable cost and for evening hours would be a definite advantage for us."

Thus, Mr. Chairman, the truth in these letters is self-evident. Ensuring that quality child care is available for America's families is crucial for both our Nation's children and our Nation's economy.

When looking for solutions to the problems plaguing our child care system, I see several priorities that should be addressed:

One would be maintaining a strong Federal/State partnership through the Child Care and Development Block Grant. Last year, we ended the guarantee of an entitlement of child care for mothers receiving welfare and for those transitioning off welfare. Nevertheless, the new welfare changes will cause child care demand to soar over time as millions of low-income families enter the workforce. The availability of child care for the new work force will be critically important to the success of welfare reform.

One problem confronting my state, like many others, is a rising tension between the child care needs of welfare families and the needs of working poor families that have avoided cash assistance programs. Any solution should address the needs of both groups to ensure that the current work force is not displaced as we attempt to employ welfare recipients. As the Appropriations Committee marks up appropriations in the week ahead, I hope that members will not allow reductions in the Federal commitment to child care. I hope that appropriators will meet the full levels authorized by last year's welfare reform.

Second, we should continue to look for innovative ideas for involving the private sector and expanding the employer/employee partnership in child care. Florida businesses such as Nation's Bank, like those in many other States, offer positive roll models and solutions for America's child care system. Over the years, I have spent several workdays at child care facilities such as Creative Pre-School in Tallahassee, FL. I have even spent a day working as a day care inspector in Miami. In September, I will be spending a workday at a Florida business that exemplifies the private sector commitment to onsite child care.

Third, we should look for ways to harness underutilized resources in the provision of child care. One resource may be volunteers. My State has a significant senior citizen population, many of whom play an active role in the lives of our Nation's children in the months ahead, I will be looking at how government can encourage the Nation's retirees to be more involved in child care and child development, possibly through the Older Americans Act.

Lastly, Mr. Chairman, the government must continue to encourage high standards at child care facilities. Children are our most valuable resource. When a parent drops a child off at day care, he or she is entrusting the provider with the child's life and well-being. The level of trust between the provider and the parent must be real and genuine. Instances such as those experienced by the Fiedelholtzes are tragic and undermine the social fabric of our communities. I hope that this hearing will serve as a wake-up call for the Senate, for the government, and for our Nation on the critical importance of ensuring quality child care.

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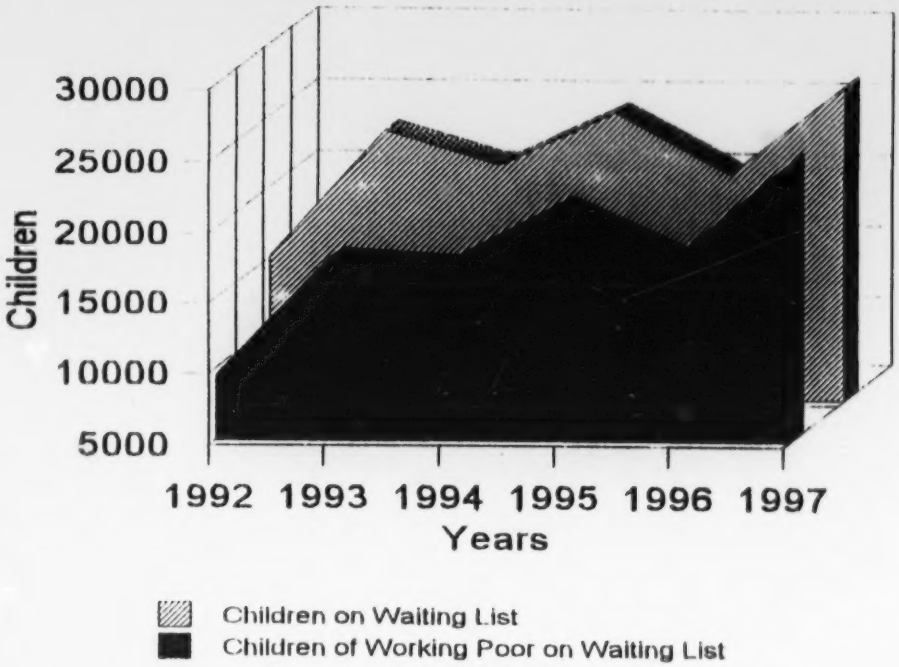
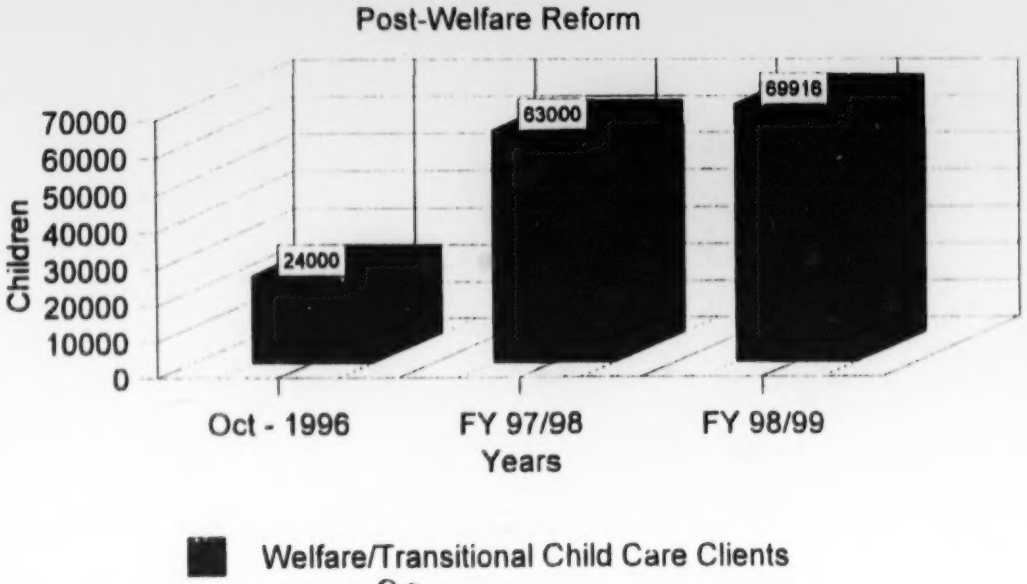
Florida's Unmet Child Care Needs



Projected Child Care Needs



The CHAIRMAN. I thank both Senator Graham and Senator Mack for excellent statements to lead into the presentation by our next two witnesses.

I want to welcome both of you again, Julie and Mark. We deeply appreciate how difficult this has been for you, and especially to appear today and have to, in a sense, relive the experience you have had. But it is critically important, as we explore the question of how to improve our child care, that we understand what can happen and find out what we can do to prevent incidents like this from ever happening again.

I am not sure how you want to proceed, but Mark, you look like you are ready, so please go ahead.

STATEMENT OF MARK AND JULIE FIEDELHOLTZ, PEMBROKE PINES, FL

Mr. FIEDELHOLTZ. Senators, first of all, I would like to thank you very much for having us. It is not a right, it is a privilege.

I was just sitting here, and I have a prepared script, and I was listening to Senator Dodd and to you and to Senator Kennedy, and I feel real safe in this room now. I did not feel safe at that day care center, especially after what I found out, but I feel a sense that people really care. And I am probably not going to make it through this thing too well, but you will have to bear with me. I do public speaking for a living, but this one is a little tough.

I would like to say to the chairman and the Senators that the Fiedelholtz family would like to thank you for the opportunity to testify on the tragic death of our 3-month-old son Jeremy. And if anybody thinks that he is a statistic, I would ask you to just look at this boy—I know those who are sitting in back of me cannot do that. This was a real human being, somebody whom we absolutely loved—and Jeremy is not the only kid. His death is compelling. We are here. But we are talking about hundreds of children who are injured all the time, every year—maybe in the thousands; a lot of the reporting systems in States are not that great.

So it is a national issue, and anybody who says it is a Plantation, FL issue is dead wrong.

We would like to thank Senator Graham, Senator Mack, Congressman Deutsch, Congressman Gilman—who is like family—Congresswoman Sue Kelly of New York, and especially, I would also like to thank the media, which I was a member of for many years, because they have brought this issue to the surface.

Obviously, Senators, we would like to be home in Florida right now. I would really like to be holding Jeremy in my arms, but instead, I have got to talk about the fact that he went to a "licensed"—and I underscore "licensed"—day care for 2 hours, and when my wife comes and picks him up, he is dead—he is dead. Look at him. This is a beautiful boy, and he is dead in 2 hours at day care. I mean, it is just phenomenal. It is unbelievable.

So right now, instead of kissing pudgy cheeks, I am kissing pictures and an urn and pretending I am talking to him in the car, and all I can say to him is, I am sorry. I just say to him I am so, so sorry that this happened to him. There is nothing I can do for

the boy. I took him to a licensed day care. So that, Senators, it has been a dark, dark cave for 5 months.

My wife will go into some of the details, but what you do need to know is that as a grieving father, as an attorney—I guess the way I heel may be differently than my wife—I want to research and find out, like any family who goes to a tragedy tries to hold onto something. And that is exactly what I did, and it was horrifying to find out what I found out.

You know, I will be honest with you. I am glad my mother is not here now. This woman was awesome. She was a teacher for 25 years. Congressman Gilman knew her really well. She died in my arms 2 months before Jeremy. I am just glad she was not here to see this, because the way we were brought up was to have an incredible faith in this country—and we do. We are here. I mean, we would not be here if we did not think this was serious and that you were really thinking about doing something. But Julie and I love this country very much, and this particular day care operator—the name, you can find in the record; I do not even want to associate my son with these people—but the fact is that they do not define America. What went on in that day care center was very un-American. But what they do is send out flares, and we have some serious problems in this country with day care. Day care is like a wild, wild West show, Senators, and our kids are getting caught in the crossfire.

It has become so bad that parents think a day care center is great because their children come home without being sexually molested or physically harmed—"Oh, she is terrific." Nine of the parents after Jeremy's death—which shows you how much they care about my kid—said, "Oh, no, no, no—she is really good." I mean, these people are about to be charged criminally.

It has just come to a point where if a child goes to day care, again, the criterion and the threshold is that if they are not harmed and they are not molested, well, this must be a good day care center. It is sick. It is really sick.

Another thing is that we saw Jeremy in seizures. We had to rush a priest in there because I had to have a place for this boy. But the fact is that to see this boy in seizures was unbelievable, to see this boy shaking when, 24 hours prior to that, he was a beautiful, healthy, young baby. It is crazy.

When we were taking the respirator out of his mouth, I am thinking to myself, Jeremy not only died; a piece of me died, a piece of you died, a piece of our friends, our family—but the day care system in this country died. It is dead. It is dead. It does not work. We let anybody do anything. License are a joke, which I will talk about later. Senator Dodd said it best—I will give you more specifics—it is harder to get a license to cut a poodle than it is to run a day care center, facility or out of the home.

Senators, I am asking for your help. Look at me, look at me, because I am asking for your help. We love this country very much. Look at that boy, and any time you even think about deferring or abandoning this issue, you look at Jeremy. You want him as a national symbol, you have got him, okay? You have him. But you have got to move; you have got to do something.

My wife is going to talk about the details of Jeremy's death, only because we think it is a classic case that will be able to highlight some of the inadequacies of our day care system.

The CHAIRMAN. Julie, please proceed. I understand, and I think it is important that you do go into the details, because this will be perceived by some as something that "happened," but there are reasons why it happened, and that is what we need to hear about from you how this could happen and the circumstances under which it did.

Please proceed.

Mrs. FIEDELHOLTZ. After researching several options, we decided to meet with a family day care operator for an interview. She lived very close to our house, so it was very convenient for us.

She said that Jeremy would be the fourth child, and the only room that we saw would be the room that was used for day care activities. She said that she had a helper, that the helper was certified in first aid and in CPR, and that the helper would run any errands that needed to be run.

Based upon this meeting, we did a thorough civil and criminal background check and reference check. We decided to take Jeremy to this particular day care center for a 2- or 3-hour run. I was not yet back at work; I was working at home, so it was really convenient.

I dropped off Jeremy, and I saw that there were only two other children there. I chuckled to myself and said, "I wonder how she makes any money."

I returned—the experts say always do a check, a spot visit—so I returned early, in about one hour and 50 minutes. It took a while for them to answer the door. I walked inside, and I asked, "How did he do?" I was told, "Jeremy is fine. He did great. He has been sleeping the whole time."

I asked, "Where is he?"

She pointed to the crib. When I looked at him, he was face down, with his hands at his side. I noticed it did not appear that he was breathing. I put my hand on him and shook him back and forth, and I was right—he was not breathing. When I first saw him on his stomach, I could not even believe that a licensed day care facility would place him on his stomach, with all the news about SIDS, that you always place children now on their backs or on their sides. When I saw that, I knew in my heart that I would never be back.

I picked up Jeremy, put him on his back, tilted his head back, and I blew a few breaths into him. He was covered in vomit.

The helper did not know CPR. All I heard her say was, "I have to call 911. I have to call the owner." Within less than 2 minutes, paramedics arrived. It took them 15 minutes to revive Jeremy's heartbeat. I knew he was down too long. As Mark said, the next day he had seizures, and he was declared brain-dead.

What we found out later would horrify us. The operator's license was suspended for these violations. She was nine children over the legal limit of four infants. She had six infants, six one-year-olds, and one 2-year-old. The police found a back room where she had five infants napping that day that Jeremy was there. It was a room that she did not tell licensing about, nor did she tell us.

Also, licensing found out that her helper was not certified in CPR and was not qualified to be at the day care center and possibly had a false Social Security Number on her background application.

As if all this were not enough, when all of this was going on, the day care operator was not even there. She had run an errand for 45 minutes, leaving the 7-months' pregnant helper alone with 13 children who were situated at two different ends of the house. This was when our baby suffocated.

We later found out that the helper had also missed work because she was suffering from fainting spells and could not possibly do the errands we were told she would do, because she only had a restricted driver's license.

By breaking the law, the day care operator more than tripled her income. The normal weekly salary for child care would be about $500; that week, she could have made $1,625.

As we finish our statement, my husband would like to comment briefly on what can be done to make sure this story is not repeated for another family.

The CHAIRMAN. Mark, please proceed.

Mr. FIEDELHOLTZ. Thank you, Senator.

In my closing statement—and believe me, I will try to make it brief, because I really want to entertain some of your questions—we both do—more than anything else. But the States have little or no regulations. The word "licensed day care" means absolutely nothing. Senator Dodd was right on the money, and so were Senator Jeffords and Senator Kennedy. It is hard to get a license to cut a poodle, as I said, than it is to acquire a day care license.

Let me just look at our State, but I have got to tell you that our State is indicative of all these other States, so if anybody thinks this is just a Florida issue, I am telling you, they are wrong.

In our State of Florida, you need a 3-hour course. Now, Governor Chiles wrote me a nice letter and said—and with all due respect to the Governor, because I know he cares about this issue—But, remember, Mark, we did a 3-hour course, civil and criminal background check.

Big deal. Big deal—a 3-hour course, and presto, you are an expert. Wonderful. A criminal and civil background check—you can pay a nominal fee and, presto, you are a professional day care operator.

Fifty-seven out of 67 counties in Florida could have licensing, but choose registration, which is a lesser form of regulation. They do not care. What they do care about is collecting the $25 application fee. The bottom line that you have got to know is that a license is a very dangerous thing if it is not backed up by support. I license has got to mean something. My wife's license as a social worker, my license as an attorney mean something—we both busted our buns to get these licenses. They did not come easy to us. We are not Einsteins sitting here. We are just average parents, no better than the next person.

But if you are going to say that something is "licensed," then—take the word out—it may be a semantic argument, but strike the word, because it is causing parents a lot of problems. They think that if it is "licensed," this really means something, and then we find out that it means absolutely nothing.

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According to a 1996 report by the Children's Foundation, only 18 States in this entire country have licensing exclusively. How sick. Only 32 States require unannounced inspection visits in response to a complaint. Again, what an embarrassment. These operators know when people are coming to inspect, believe me, they do. They have it down to a science.

And then everybody passes the buck. Congress says it is the States' responsibility; the States say it is up to the local governments. And in the meantime, our children are being abused and neglected at day care.

I think I can categorically tell you that there are many good operators in this country, no doubt about it. But do you want to know something? You are leaving a system that allows criminals and unqualified people to gain access to our children. We are in trouble. It is not a joke. It is not a party. We are in trouble—big trouble. If you think it is hype, we will keep going over the statistics; they are here.

They violate all of these laws because they recognize there is no enforcement, and even if they do get caught, the fine is minimal. Senator Dodd, for Jeremy's death, the fine was $200—$200, two citations. Wonderful. If you kill a police dog in Florida, guess what it is? It is a third-degree felony. If you kill a child through neglect at day care, it is $200. Come on, let us wake up. Our country is much better than this.

If Jeremy did not suffer enough from neglect—I have to tell you this part of the story—now he is being neglected by our legal system. At the time of this testimony, neither the operator nor the helper has been charged, although they make many promises, because there are no criminal penalties for day care violations in Florida. The county attorney is still trying to figure out if defrauding parents, violating serious day care laws—and the legal causality is there; Jeremy died during that time, not before or after—but they want to know, hey, is this criminal negligence, or maybe we have to develop a higher standard for day care for culpable negligence, which equals manslaughter, than we do for everybody else.

So now they hire an expert who took 2 months to determine what I read yesterday, which was unbelievable. It just made me sicker on the way here. Usually, I enjoy coming to Washington because I graduated from American University and worked here for a long time, and I like bringing my family. But I was not happy about yesterday's trip, and it was mainly because of this. Here is what the expert said. Well, you know, it was a combination of circumstances—Jeremy being on his stomach, loose bedding—and do you know what it was, Senator Jeffords? It was a certain amount of "bad luck." It was a certain amount of "bad luck."

Two months I waited for this expert to say this. Hopefully, we will have a conversation in the future, and maybe I can educate him just a little bit—hopefully.

The great expert does not think that grossly violating the ratio laws and leaving one 7-month-pregnant woman with six infants, six one-year-olds, and one 2-year-old in two different rooms greatly affects the chances of a child dying. You see, he thinks that it affects basic nurturing, but he does not think it affects supervision.

Well, here is a flash for this individual and anybody else who thinks baby can take care of themselves. Picture it. Jeremy probably woke up, picked up his head, maybe made some faint noises—I will even give them that—but what I want to know is Jeremy's head was face-down in that sheet for 10 minutes, so why didn't she see him—this is the helper, that is, because of course, the one with the portable skills abandoned the day care. Why didn't they see Jeremy? Well, because obviously, she was in the other room or doing something else. But to take care of all those kids and say it does not affect—and it was all a bunch of lies, anyway.

We are trying to make decisions here on our son. This is our beautiful boy. We are trying to make a decision on what day care we want to go to. We do not need somebody lying to us because she wants to make a few more bucks. Senator Dodd said it best: If you want to go to Las Vegas and gamble, go and gamble there, but do not gamble on our children—not our children. They are off-limits.

Our children are not second-class citizens. Are we clear about that? And for the future in this country, we need a hierarchical change, because our children need to be catapulted up. They are not right now, and day care is a reflection of that, so I am glad everybody is starting to work on it.

Senators, let me just finish up by saying this. Historically, prosecutors have a nasty way of evaluating these cases. They want to sweep it under the rug. But do you know what? The Broward County State's Attorney cannot do that now. There is too much heat now. But it is bad, it is real bad, that we had to fight so far. We have not even had a chance to grieve yet. We have had to fight so hard just to recognize our son. But it is not Jeremy. It is not about Jeremy. I cannot bring him back. It is about every other child I see.

When I have to walk in my neighborhood and hear a parent come to me and say, "Well, you know, Mark, I want you to know that my child was molested at this day care, but it was their word against our word"—I hear these stories every day, so there is a crystallization of opinion, and something has got to be going on, right?

Well, Senators, finally, any bill you pass must have some mechanism to compel the States to have enforceable criminal penalties. I cannot tell you how important this is, because the State's Attorney seems to be floundering. If they could just look at the violations, that would be their guidepost, but because it carries administrative penalties, they are lost.

My conclusion based on the facts was manslaughter, reckless, culpable negligence, but that seems to be a very odd conclusion to them. What I am looking for, and we all are looking for in this country, I think, is substantive compulsory education. All day care operators should be entitled to receive subsidies—I think your bill, by the way, is awesome, and it is going to work—as long as they become educated and follow the law. Ignorance is killing our children at day care, and it really cannot be tolerated anymore. The combination of Jeremy's death and the Welfare Reform Act I hope will be enough to bring it to center stage, which I think it has.

My wife and I would like to thank you all very, very much for giving us the time—because again, we do not take it for granted.

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But please remember this. Any legislator who defers or abandons this issue, I want this whole room—again, those sitting behind me cannot see—to look at this boy, look at him, because he got a raw deal. And I think—and of course, we are the doting father and mother—that this boy would have meant something. In our household, I will tell you what, he would have made a contribution one way or another, because that is the way we were all brought up.

This is a great country, and when we have problems, we face them; we do not screw around. We face it. It is on the table. We have got a problem. Let us go to work, all right?

Thank you. We will take your questions.

[The prepared statement of the Fiedelholtz' follows:]

PREPARED STATEMENT OF JULIE AND MARK FIEDELHOLTZ

Mr. Chairman and members of the committee, the Fiedelholtz family would like to thank you for the opportunity to discuss our 3 month old son's tragic death after his first two hours of daycare and the national ramifications of this incident.

As American citizens we feel a moral obligation to shed light on a growing daycare safety problem in this country. We offer this testimony because of our deep faith in America and to insure that no other children die like Jeremy.

Historically, we are a country of constant change. Our system is designed to accommodate these changes and move forward. America is not afraid of change because we know without it, our society can't grow and prosper. Although we tend to initially resist change, America has a proud history of forging ahead. "There is nothing more permanent except change" (Heraclitus)

This hearing marks a new era in child care. As we move into the next millennium, our country faces many difficult challenges. One monumental challenge is the composition of America's workplace. Women now comprise a significant portion of the workforce and are important contributors in both the private and public sector.

According to a study conducted by two Federal agencies—the Child Care Bureau and the Maternal and Child Health Bureau, by the year 2,000, 75 percent of women with children under five years of age will be employed and in need of child care. In just 20 years, the percentage of children enrolled in child care has soared from 30 percent (1970) to 70 percent (1993). This is direct evidence that quality child care is imperative.

Another societal change accelerating the demand for daycare is passage of the Welfare Reform Act. As more parents enter the workforce, they will be looking for safe centers to watch their children. The combination of more women in the workplace and the Welfare Reform Act, lends support to the notion that good child care has to become a top legislative priority immediately.

Our testimony today is a call for help. The circumstances surrounding Jeremy's death exposes an unregulated and dangerous daycare system in the United States. If something isn't done right away, thousands of children are in severe danger of being harmed or losing their lives. According to a 1995 report by the U.S. Advisory Board on Child Abuse and Neglect, 2,000 children die from abuse or neglect each year by a parent or caretaker. This translates into five children each day suffering a senseless death. What a sad commentary on America's inability to protect our innocent children.

Jeremy's story sheds light on fundamental perceptual problems regarding our view of daycare in America. This perception problem has cost the lives of many innocent children and must be changed quickly. Anyone who defers or decides to abandon this problem, is signing a death warrant for our children. Jeremy died from two episodes of neglect; he was neglected at a daycare center and neglected by an unregulated daycare system that is harming and killing our children.

JEREMY'S BACKGROUND

Jeremy Fiedelholtz was born on October 24, 1996 around 11:00 p.m. at Plantation General Hospital in Plantation, Florida. Jeremy weighed 8 pounds and 2 ounces at birth and had no major medical problems during his short three month life span.

Prior to Jeremy's daycare center tragedy, he just starting smiling and was very playful. His favorite activity was looking in the mirror and playing with plastic figures that were attached to a vibrating chair. We adored this boy and showered him with great love and supervision. Jeremy was Mr. Fiedelholtz's first biological child

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and Mrs. Fiedelholtz's second child. Her first son Jonathan is 13 and loved Jeremy very much.

The Tragic Story

Once Jeremy was 3 months old, Mrs. Fiedelholtz prepared to return to work. Our first choice was to find a qualified person to take care of Jeremy in the house. We sent out notices in the neighborhood and contacted various friends for referrals. Unfortunately, we could not find anyone to take care of Jeremy in the house. Our next decision was to temporarily find a cozy licensed daycare center.

Through Family Central—a referral service offered by Broward County, we were given a list of licensed home daycare operators. We felt a licensed home daycare would be a more supervised situation than a larger facility daycare. We visited a few home daycare centers and then decided to look at a daycare close to our house.

The Infamous Meeting

About a week before we took Jeremy to Mrs. Schwartzberg's licensed home daycare center at 5660 SW 3rd Ct., Plantation, Florida, we meet with her. This meeting would change our lives forever.

Taking Jeremy with us we met Mrs. Schwartzberg and toured her facility. The idea was to collect information on her daycare to see if it met our standards. Her daycare facility was immaculate and well organized. She seemed knowledgeable about child care and business oriented. This impressed us because some of the other daycare operators were loving and caring but unorganized.

Mrs. Schwartzberg told us the following about her licensed daycare center:

1) Jeremy would be the 4th child with a few drop offs
2) Only the licensed room we saw would be used for daycare
3) Mrs. Schwartzberg has a permanent helper who is certified in CPR
4) Her permanent helper Cheryl Lavigne will run all the errands

After this meeting we did a civil and criminal background check, called references and was informed by Broward County licensing that no complaints were filed against the Schwartzberg daycare center. Based on our thorough background check, and the-meeting with Mrs. Schwartzberg, we decided to try out her daycare for two hours.

A Fatal Decision

On January 29, 1997 at 9:00 am. Mr. Fiedelholtz called the Schwartzberg daycare center to see if there was enough room for Jeremy that day. The helper Cheryl Lavigne said, "yes, there is plenty of room". Based on that phone call, Mrs. Fiedelholtz took Jeremy to Mrs. Schwartzberg's daycare center around 10:00 am. Upon her arrival she saw only two children and figured everything was fine. Mrs. Fiedelholtz: gave Mrs. Schwartzberg a few directions and then left the daycare center.

A Parent's Worse Nightmare

Mrs. Fiedelholtz decided to pick up Jeremy early around 11:50 am. She felt an unannounced visit would calm her fears and is recommended by the county. Mrs. Fiedelholtz knocked on the side door of the house where the daycare center was located. It took awhile, but helper Cheryl Lavigne came to the door. She walked past Jeremy's crib which was right by the door and said, "Oh, your son did great, he is sleeping very nicely."

When Mrs. Fiedelholtz looked at Jeremy she noticed he was on his stomach. A quick thought went through her mind that she would never bring Jeremy again. Every daycare operator or helper knows or should know, you don't position a baby on the stomach because it increases the chance of SIDS.

When Mrs. Fiedelholtz went down to pick up Jeremy he was blue and his head was down in vomit and blood, he was not breathing. Mrs. Fiedelholtz screamed and the helper didn't know what to do. Mrs. Fiedelholtz blew a few breaths into Jeremy but there was no response. Helper Lavigne didn't know how to do CPR so she called 911. The Paramedics came within minutes, revived Jeremy's heartbeat but he was braindead. Mrs. Fiedelholtz frantically called Mr. Fiedelholtz to come right away.

When Mr. Fiedelholtz arrived at the Schwartzberg home, Mrs. Schwartzberg was just pulling into the driveway. According to the police report she left for an errand

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to go to the supermarket for 45 minutes. Mrs. Schwartzberg went into the house and never spoke to the Fiedelholtz's again.

Lies, Ignorance, and Greed Suffocate Jeremy Fiedelholtz

It wasn't until the afternoon of January 29, 1997 that we found out the Schwartzberg daycare center was a death trap. Human Resource Service investigator Roy Chandler came to interview us at the hospital. We really didn't understand why he was there, but we assumed it was routine because the incident involved a child. The information that Mr. Chandler told us, would change our lives forever and shatter our faith in the American daycare system.

A Meat Market Mentality

When we decided to take Jeremy to Mrs. Schwartzberg's daycare center we based our decision on three criteria; our background check, tour of the facilities and meeting with Mrs. Schwartzberg. Everything Mrs. Schwartzberg told us about her daycare center was a lie and her motive was to procure our business at any cost. Mrs. Schwartzberg charged $125 per week. Mrs. Schwartzberg broke the law by having nine children over the legal limit of four infants. She more than tripled her income by violating the law:

Breaking The Law 13x$125=$1625 vs. Following The Law 4x$125=$500

The next page shows the incredible lies Mrs. Schwartzberg told the Fiedelholtz's.

Promise: Jeremy would be the 4th child with a few drop offs.

Truth: Plantation police department found 13 children at the Schwartzberg home. She had six infants, six 1 yr olds and one 2 yr old. This law states if you have four infants you can't have anymore children. She was nine over the legal limit.

Promise: Only the licensed room we saw would be used for daycare activities.

Truth: Plantation police found an unlicensed back room where Mrs. Schwartzberg was napping five children. Neither the Fiedelholtz's nor licensing knew this room existed. On a January 6, 1997 official inspection, Mrs. Schwartzberg never told the inspector about the room.

Promise: Mrs. Schwartzberg would never leave the premises, her helper Cheryl Lavigne would run the errands.

Truth: According to the police report, Mrs. Schwartzberg told the police she went to the supermarket for 45 minutes, leaving the 7 month pregnant helper alone to care for 13 children in two rooms at different ends of the house.

It was also discovered Mrs. Schwartzberg knew that Mrs. Lavigne couldn't run errands because she had a restricted drivers license. Additionally, Mrs. Schwartzberg knew that helper Lavigne was suffering from fainting spells. She had gone to the doctor for this problem.

Promise: Mrs. Schwartzberg said that helper Lavigne was certified in CPR and was fully qualified according to Broward County Licensing standards.

Truth: The licensing investigator found helper Lavigne was not certified in CPR and was not a qualified substitute. Mrs. Lavigne is also accused of giving a false social security number on her criminal background check.

Mrs. Schwartzberg's license was suspended. In order to avoid testifying at a revocation hearing she surrendered her license. Mrs. Schwartzberg and Mrs. Lavigne have refused to talk to police, the medical examiner or anyone else regarding Jeremy's death. Although the medical examiner's report hadn't been completed, Mrs. Schwartzberg told the parents we brought a very sick baby to her daycare. This statement contradicts what she told the licensing investigator. Mrs. Schwartzberg said, "Jeremy looked fine before she left for the supermarket." It was later determined by the medical examiner's office that Jeremy was a healthy boy but he suffocated.

A Painful Good-bye

Seeing Jeremy suffer from seizures on the afternoon of January 29th, we decided that our beautiful boy should suffer no more. Once Jeremy was officially determined to be brain-dead, we decided to sign a waiver to remove his life support.

On January 30, 1997 around 4:00p.m., we pulled Jeremy's respirator from his mouth. Our screams were so loud, we're sure the entire hospital heard us. How could this happen? How could somebody neglect this beautiful child? What kind of women would lie to parents about their daycare center and credentials? This death was so senseless. A perfectly healthy boy dies at daycare in his first two hours due to neglect.

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Death Due To Neglect

The official medical examiner's report concluded Jeremy's death was due to positional asphyxia. This means because Jeremy was placed on his stomach with the crumpled crib sheet around his nose, he suffocated. It was determined that Jeremy was asphyxiating for close to ten minutes. The Child Protection Team of Broward County has determined Jeremy's death was due to neglect on the part of operator Christine Schwartzberg and helper Cheryl Lavigne.

A Cold Response

We knew neither Mrs. Schwartzberg nor Mrs. Lavigne would take responsibility for the lies to parents and dangerous conditions in their daycare center. But, we did expect some form of condolence for Jeremy's death, it never happened. Once Mrs. Schwartzberg came back from the supermarket, she immediately contacted her lawyer and we never heard from her or Mrs. Lavigne again. This woman and her helper gambled on the lives of 13 beautiful children and one died. However, she refused to show any humanity by at least sending formal condolences to the Fiedelholtz's.

More Neglect

At the time of writing this testimony, neither Mrs. Schwartzberg nor Mrs. Lavigne have been charged by the Broward County Attorneys Office. Although they have been actively investigating this case over three months, no charges have been filed Since there are no criminal penalties for daycare violations, Mrs. Schwartzberg's only penalty has been a $100 fine. This illustrates how archaic the daycare laws are in this country.

The direct evidence is overwhelming that Mrs. Schwartzberg and Mrs. Lavigne conspired to defraud the Fiedelholtz's and other parents at their daycare center to procure their business. The violations Mrs. Schwartzberg was cited for by Broward County are extremely serious and strike at the heart of daycare. If you don't have supervision you don't have daycare. Mrs. Schwartzberg and Mrs. Lavigne's reckless behavior placed all 13 children in jeopardy that day.

A Political Decision

Although the official line is that the Broward County Attorney Mike Satz is waiting for an opinion from a national expert, the real determination rests on whether this case is politically viable to move forward. Head of the Homicide department, Charles Morton, and County Attorney Mike Satz have concerns that the case will be tossed out on directed verdict or overturned on appeal. Since this is a high profile case, nobody wants to take the chance of losing. This could negatively affect their won-loss record and may hurt their political and career goals. What a disgusting mentality.

There is overwhelming evidence that could defeat the defense's claim that Jeremy's death was an unfortunate accident: Jeremy's death occurred during the period that there was gross overcrowding and the operator left one unqualified person to care for 13 small children in two rooms. Additionally, Jeremy's head was visible in the mat for up to 10 minutes. If Mrs. Lavigne had the legal limit of four infants in one room, she would have seen Jeremy run into trouble during those 10 minutes. This establishes the legal causality of Jeremy's death. Finally, the statutes that Mrs. Schwartzberg and Mrs. Lavigne knowingly violated were designed to protect the death or harm that occurred. Cases with less direct evidence than this one, have resulted in manslaughter or other felony charges. But, the Broward County State Attorney is still pondering whether the acts of daycare operator Christine Schwartzberg and Cheryl Lavigne amount to criminal negligence. They just don't want to believe a daycare operator and helper could devise a money making scheme that results in a child's death.

Unfortunately, this type of mentality is prevalent throughout the country. When it comes to abuse or neglect cases at daycare centers, our children fall victim to the smothering political ambitions of prosecutors and their staff. Traditionally, prosecutors would shy away from these cases calling them an unfortunate accident. However, times are changing and District Attorney's are starting to recognize that juries will not tolerate the neglect or abuse of children from anyone. This is especially true of a daycare operator who has a higher duty of care to supervise and protect children.

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TIME FOR CHANGE

Jeremy's story resonates loudly that something has to be done to stop the abuse and-neglect of children at daycare. Thinking a woman or mother wouldn't hurt children and possesses an innate ability to care for kids is wrong. It's this mentality that has caused us to avoid regulating daycare which has resulted in scores of senseless deaths or abuse. Many daycare operators are using our children as pawns in a get rich scheme.

Parents are so worried about daycare, that it's a good day when their child hasn't been sexually molested or physically harmed at daycare. Even after Jeremy's death, many of the parents at the Schwartzberg daycare center said they would go back. This type of ignorance is what daycare operators feed on.

We represent millions of parents who are tired of daycare being a Wild Wild West Show with our children being caught in the crossfire. The states have shirked their duty with minimum daycare regulations and allowing unqualified and dangerous people to enter the daycare field. It was determined in a recent study by the Families and Work Institute, that 86 percent of center based daycare and and 88 percent of family based daycare can cause serious harm to children. These statistics prove our daycare system is broken.

THE FUTURE OF AMERICA'S DAYCARE

It's impossible to embark on change in daycare, if we don't eradicate the myth that child care can be self-regulated. Certain questions need to be addressed. Are we willing to place children's safety above the political and economic pressures of the growing daycare business? Will daycare be considered a profession as in other countries? Will we fight for national regulations and criminal penalties? These are just a few of the fundamental questions that need to be addressed immediately.

The evidence is clear, the present daycare system is allowing criminal behavior which is harming and killing our precious children. We need to move quickly to counter this trend and construct' a daycare infrastructure that will protect our kids going to child care. Lawyers, Doctors, Nurses and other professions all have to be tested, retested and closely monitored, why not daycare providers. Dealing with infants and small children is dangerous business.

State daycare regulations are embarrassing. For instance in our state of Florida, you can take a three hour course, have a criminal and civil background check, pay a $25 application fee and your now a bona fide daycare operator. Fifty seven out of sixty seven counties could have licensing procedures but don't.

In Illinois, state officials want to give welfare moms a 4 month training course and presto, they are daycare operators. With all due respect to these people, many of the welfare moms are just starting to acquire the basic skills of reading and writing. This is a clear example of how the states are always looking for a quick fix.

In a 1996 study of Family Child Care in America by the Children's Foundation, it clearly shows the lack of uniformity in state daycare regulations:

Only 18 states require daycare licensing exclusively.

Only 23 states require regulated daycare providers to attend an orientation session.

Only 39 states require regulated daycare providers to have CPR/First Aid Training.

Only 42 states require more than basic CPR/First Aid training for regulated providers.

Only 32 states require unannounced inspection visits in response to a complaint.

The states have done a miserable job in taking daycare seriously. Their attitude is to leave it up to the individual counties or cave in to daycare lobbyists who don't want more regulations because it hurts their bottom line. This type of ignorance has to stop because it's killing our kids. There is an alternative.

THE CIDCARE BILL

Jeremy's story and the Welfare Reform act are two excellent reasons why the Cidcare bill has to succeed. The premise of the bill relies on a natural shift of the marketplace towards safe and quality daycare. This bill will provide a daycare subsidy package that offers quality oriented daycare at a reasonable cost. With parents desperately looking for daycare, a Federal subsidy daycare package will be a welcome addition to the marketplace. The parents receive better daycare delivery at a reasonable cost, and daycare operators get paid more as long as they follow the rules. Thus, a safer and more productive daycare environment for everybody.

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Similar to other countries, America needs to make a firm commitment that daycare will be professionally run and regulated. Daycare operators receive professional wages and in return they are educated and obey the law. As you consider the Cidcare Bill and other options, we strongly recommend the inclusions on the following page:

Daycare Operator Educational Requirements

All daycare operators and staff must take a 40 hour substantive course with a heavy medical component. This is a uniform course that every accreditation center offers. The course can be offered through distant learning such as the internet, video training or traditional classroom style.

The substance of the course is divided into three parts:

First, medical training on infants, toddlers and older children. The curriculum supersedes the basic CPR/First Aid course. Verification of knowledge is measured by various written and role-playing tests.

Second, a thorough knowledge of state daycare laws. Daycare operators and staff will be trained on adult-child ratios, inspections, business practices and criminal penalties.

Third, all students have to show practical knowledge of their skills in a realistic crisis and non-crisis situation. Failure to pass this test means the daycare operator does not obtain a license. The days of ignorant daycare operators receiving licenses are over.

On the issue of retraining, daycare operators and staff must take a sixteen hour mandated retraining course every year with testing. Failure to meet this requirement means immediate suspension of an operator's daycare license.

Inspections

Part of the Cidcare bill must require frequent inspections. There would be a two pronged approach to inspections. First, both facility and home daycare centers must be inspected every three months. Independent contractors can be hired to do the inspections on a rotating basis so the daycare operator won't be able to establish a relationship with any one inspector. The inspections must be unannounced, unbiased and adhere to a strict criteria. Any daycare operator who is found to be in serious violation of safety procedures would loss their license immediately and have to reapply showing the inadequacy was rectified. If the same violation reoccurs, the license would be suspended pending a revocation hearing.

Second, parents would be educated on inspection procedures and have the right to inspect all rooms in a facility or home day care. Any daycare operator who refuses this privilege, would be sanctioned. Parents would be advised to immediately remove their child from that particular daycare.

Criminal Penalties

Many states have administrative sanctions instead of criminal penalties for daycare violations, this would change immediately. In order for any state to gain access to the Cidcare subsidy program, they would need to create laws that demand strict criminal penalties for violating daycare laws. Not one red cent should be given to any state that has weak daycare sanctions. This requirement is crucial, daycare operators violate laws because they know the rules won't be enforced.

Parent's Awareness

All the previous requirements are crucial, but parent awareness is essential to the success of this bill. Parents must be educated about daycare laws and procedures. All credentials need to be verified before the child comes to the center. Promises by the daycare operator must be authenticated Quiz the daycare operator about fundamental daycare procedures. If they don't know or are unsure about these questions, don't take your child to that center. Additionally, visit the daycare center a few times before you bring your child there.

All daycare operators must hand out a brochure explaining the state's laws on ratios, inspections and other relevant issues. In addition to the brochure, the operator will give a parent the following:

- Educational Credentials (all formal education and child care classes)
- Copy of operators license, certifications and all staff certifications
- Disclosure of complaints or signed affidavit of no complaints

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- Demonstrate skills to parents in CPR/First Aid on a toy doll
- The right to quiz the operator on fundamental daycare principles
- The right to inspect the entire facility during business hours.

These steps can't always overcome complex schemes like the Schwartzberg daycare center. But, it can reduce these type of daycare operators from flourishing.

The passage of the Cidcare bill is important, because it acts as a first step in creating a professional infrastructure for daycare in America. Anyone who fails to vote for tougher regulations in daycare is signing a death warrant for our children. We have Federal protection for the Spotted Owl and other animals but when it comes time to protect our children, we cry poverty or claim it would expand the Federal bureaucracy. If Congress can find money to fund the investigations of Whitewater and Campaign Financing, surely money can be spent on keeping our children safe at daycare. Our children are not second class citizens.

The Fiedelholtz family is making a formal request that the Cidcare Bill be named the Jeremy Cidcare Bill. Although Jeremy's life was wiped out by the senseless conduct of a daycare operator and her helper, our family wants Jeremy's legacy to be attached to something positive not negative. Further, as the bill becomes law, Jeremy's story will be a vivid reminder of what happens when our children are not protected.

Finally, anytime you think about abandoning this issue, just remember how Jeremy Fiedelholtz died in his first two hours of daycare. This could have been your children or grandchildren. Thank you for the opportunity to appear before your committee and testify today.

The CHAIRMAN. That was very, very moving testimony. It was very helpful in outlining some of the great difficulties that exist in the present system.

What action has been taken by the State to review or to look at changes that ought to be made in the laws?

Mr. FIEDELHOLTZ. Well, first of all, in all kindness—if I have any left for the Broward County State Attorney—I think we have more professional differences. I mean, they are good people, and they are just confused.

At this point, we got the expert's letter yesterday, and it is just laughable. And I think they are starting to back off of it a little bit because, unfortunately, this man from Iowa—I do not have his exact name—but once you say that supervision does not increase the likelihood of risk of death or injury, forget it. That is just ridiculous. If you pull supervision from day care, you are pulling that barrier.

I would analogize it to the stop sign case in Tampa. If you pull a stop sign out, you are pulling that barrier, that warning sign. This particular day care operator told us she had four kids, that Jeremy would be the fourth, and I asked her five times, "Is this the room?" because I was a little nervous about other rooms that may not be sanctioned.

Senator, what is happening is that these day care operators think it is a joke. And besides the fact that they may not be getting paid that much, they know that there will be no enforcement at all.

This may be the first time, as a test case in Broward County, that for neglect which equals suffocation, there would be criminal prosecution. Normally, the history is that they do not bother with it; they either call it SIDS, or they do not want to deal with it.

But to answer your question specifically, these people have not been charged yet. And do you know what scares me? Even though her license has been suspended, she will reincorporate. My goal, of course, was to base it on the facts. I do not want anybody incarcerated or anything if the facts are not there. But the facts are here,

and my worry is that she is going to be with kids again. We are so scared of that, both of us.

Now, Julie said a possible false Social Security number. Her Social Security number is false. They have already determined that. The Social Security Administration Inspector General told me they are initiating an investigation. But to me, it was an elaborate scheme, Senator. That was her great calling card. And this is not just Jeremy; it is all over the country. They tell parents, Listen, now, the ratio will be two-on-four, because we have a permanent helper. This helper was not even supposed to be there.

And I think the other thing we need to look at as well is how did this Social Security number not get verified. The whole system is defunct. I sometimes feel like the infrastructure of day care collapsed on Jeremy—the whole infrastructure, because it is dead—I think we will all agree on that.

But at this time, I am pushing so hard for future children to set a precedent, and if I am getting there—I do not know, but it has been a constant struggle and a struggle that I do not think should have happened.

The CHAIRMAN. Senator Dodd?

Senator DODD. Thank you both. Anything that any of us says here is going to pale by comparison to your own testimony.

Listening to both of you, I will say that I have often made the case to students, interns in my office and others, who come here for the summer to work—I know the question is on their minds about whether or not my vote counts, can I make a difference, can I do anything—it is a pretty common question that we get. And I often cite examples and tell audiences about Lech Walesa, who tried to get some people to show up with him outside that shipyard. No one came that first morning, and he was beaten brutally.

He went back the second day, after they threw him out of the jail, and did it again, and they arrested him again.

Finally, on the third day, five people showed up. They beat him up again, and he came back on the fourth day, and 20 people came. And the next day, there were 500, and so began a movement that changed the world.

Eunice Kennedy Shriver, the sister of our colleague here—I remember as a high school student watching her in the pool with five or six mentally retarded children. That was something she called the "Special Olympics"; and a year ago, they came to Connecticut, to the Yale Bowl, and 70,000 people from 130 countries came to participate in the Special Olympics.

The Bradys—I can go on and cite more examples, and I am sure everyone in the room can think of examples.

Jeremy will be remembered, obviously, by both of you for the rest of your lives, and certainly you have left an impression on us here today, and I know we will remember Jeremy. But I cannot think of anything better you can do than to tell this story you have told us today, all across this country if you can. I realize you have jobs and things to do, but there are ways that this can be done.

Again, I have talked about it from the day I arrived here. The very first hearings I ever held in 1981 with Arlen Specter were on child care—latchkey children. It took 7 years to get a child care

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block grant bill passed, and I could not get any standards in the bill. We tried like crazy to get them included and could not.

And so tragically it takes a long time—in the case of Jim Brady—thank God he is alive and the President is alive after what happened to them that day—to finally get the country mobilized around those issues.

So I would urge the two of you to bring your passion and your commitment and Jeremy's memory to this effort.

Let me just tell you one of the questions we get all the time from our colleagues. They say: You are trying to put small providers out of business. They cannot stay in business. You guys set up all these regulations and standards, and big Government is going to come in and shut down all these small, mom-and-pop operations that want to do this, people who want to have legitimate businesses.

We will hear later from another panel that will address this question, but I would like you to address it if you could, because what you were dealing with was a small provider—whatever a "small provider" is—obviously, with 13 or 14 children, I would not necessarily call it "small."

But we have got to get over this hurdle somehow, and I cannot seem to demonstrate this with a lot of my colleagues here. We came up short, in spite of Jim's good efforts and those of my colleagues here—Paul Wellstone was tremendously helpful to us in the debate here a few weeks ago—but we came up short, and we are faced with people walking around, saying: You guys are just big, ugly Government, because you want to shut down the mom-and-pop provider.

You heard Senator Graham talk about the fact that in Florida, you have 30,000 people on a waiting list. Recently, we passed so-called welfare reform—and I purposely describe it as "so-called" because of the 15 million people on AFDC, 9 million are children, 70 percent of them are under the age of 12—and we are going to have an explosion in child care demand, which means that without any kind of standards at all, you are going to have an explosion of people who will see this as an economic opportunity. And when you only have a third of the States—18, as you pointed out, Mark—with any kind of standards for enforcement, we are looking at a possible nightmare.

It is hard not to pick up the newspaper any day in this country, any paper in any city, and find another example of a problem that occurred at a child care center, and a serious one too often, in the case of a serious death.

If you asked me, "What are your biggest hurdles, Senator, and what are your problems?"—they say, look, you are right, you are wonderful, because you care about this issue, Senator—but you should not want to put the mom-and-pop child care provider out of business. These are nice people.

Mr. FIEDELHOLTZ. Senator, first of all, I think it is a great question, and it is a question that needs to be addressed. There may be a PR solution to this. First of all, I like the tenets of the bill. What I like about the CIDCARE bill is that we are talking about a shift of the marketplace, a natural shift of the marketplace, because the fact is that with Jeremy's death and the Welfare Reform Act, these may be used as tools to push that marketplace just a lit-

tle bit further, because the bottom line is that parents, especially after they catch wind of Jeremy's story on a national scale, which we knew they would after today, may be even more inquisitive to check into things, but also, they are scared to death to take their kids to day care. They are very, very scared.

So the marketplace is ready. You have the demand; you just do not have the supply. But I think that with day care operators, first of all, we are not talking about hardened criminals here. We are talking about people who are sitting on the fence, who are ready to go over at any time because they want to make a few extra bucks. With criminal penalties, I thought that was a good thing, because it would get them over on the side; then, we will massage them a little bit and work with them and say, Look, you will get paid well—or, fairly well—but you are going to have to be educated, and you are going to have to follow the rules.

I think that a lot of day care providers out of the home, the small day care providers out of the home that you are talking about, just feel like they are a loose connection of babysitters. Nobody before has ever entertained the notion that you are professionals.

You see, day care is not considered a profession in this country. There have been many books written about it. In my conversations with Victoria Pope, at U.S. News and World Report, and many other media people, the conclusions are clearly the same—that day care does not have a professional tinge to it.

So I read in the bill if I am not mistaken that there were "x" number of dollars appropriated to a marketing campaign. So what I think is that you have got to get this subsidy package together, get it ready to go—the market is ready to take it in—and then what you have to do is have a massive advertising campaign, because you have to kind of anoint this as the 5-star hotel, but the costs will be capped, because obviously, if you are going to have expensive day care, we are back to ground zero again.

All right. So we are ready to go now, and these operators know that they will get subsidized. They are going to feel like they are professionals. There is now a marketplace there. And all those who do not want to follow the rules or who are not part of this 5-star hotel, or this subsidy package, less and less will they become an issue, because nobody is going to come to them.

What you have to work on is the psyche of the parents. You have to let the parents know—hey, now, wait a minute—this particular Federal subsidy package does not guarantee everything, but these day care operators have taken 40-hour courses, 16-hour mandatory retraining, so these are the ones you want to go to.

What we need is a shift in the marketplace. It will work. It will work. It is going to take time. It will not happen overnight.

So I like the fact that you talked about no Federal regulations, because at first, when I talked to Congressman Gilman and Congressman Deutsch—well, Federal regulations—forget that, because first of all, it would take a long time, and look at the fight you have had just to get to where you are.

But I really believe the time is right, the climate is right, and what you have got to do is get the parents—they are just ignorant on this issue—not ignorant, but they are ignorant on this issue.

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They just do not know. They are getting bamboozled by day care providers who are telling them that "licensed" means so much.

You see, that is another thing you have to look at. Criminal penalties, the education of parents on what to choose—you have got to have something out there, though, if you are going to educate them. But the next thing is that I think you also have to make them feel like professionals, Senators. You have really got to make them feel like they are worth something and are not just this loose connection of babysitters.

And from there—I am not a child care expert; we have many great child care experts back here; in fact, Julie and I are going to pinch hit a little bit, hopefully, during the next year or so or whatever it takes to get the bill passed, but we have got to get back to our lives. I have got to make a living, number one—we both do—but number two, we have got to leave it up to you, because it is in your hands now. But just based on our limited experience with these day care providers—because it was a little scary, Senator Dodd. Even in my own neighborhood, we asked if people knew how to position babies, and they really did not at all. I was shocked. I did not say anything at first, because I did not want to offend them, but I was shocked. And then, of course, the Pediatric Journal came out that the information is not getting to day care operators.

So there are a number of things we have got to do, but I think that if parents are educated that, hey, look, this Federal subsidy package is a good one. Here is what it requires. In the meantime, I would tell all parents of this Nation that they have got to be more inquisitive, Senator Dodd. Of course, we got snowballed, unfortunately, because it was our first 2 hours, and we did not have a chance to make a second decision. But ask that day care operator: You know CPR? Show me. Show me. Show me you know it. Bring in a toy doll. Show me you know CPR. You have a certificate? Show me. And starting asking the day care operator some fundamental things, like how do you position a baby—and if they do not know, get out of there; if they even hesitate, go.

So in the meantime, I think that what you are going to have to do until this bill get passed is really do a parent awareness campaign as well.

Thank you.

Senator DODD. Thank you, Mr. Chairman.

The CHAIRMAN. Senator Wellstone?

Senator WELLSTONE. I too thank both of you for being here. For whatever it is worth, and I hope it is worth something to you, I really do believe that your words are going to—it is for Jeremy, and it is for a lot of other children—I think you are lighting a candle for a lot of people. This has to be done. Thank you.

Personally, I think the most important thing you said, if you do not mind my saying this—it was your impatience, it was your saying, look, it has got to be more than the hearing, and things have got to happen. And that is what I worry about. I see this as less a question—and I do not intend to take more than a minute—but I see a lot of different kinds of important lessons that you are teaching us today that I think we have just got to follow through on.

There is the issue of standards, and Senator Dodd raised the question about people saying, You are putting us out of business. Well, you know, nobody wants to do that, but on the other hand, my God, what happened to Jeremy tells us that we have got to have standards. I mean, what side do you want to err on? You have got to err on the side of protection of the children. It is just simply, if you will, an irreducible, irrefutable argument.

Second, I was so pleased, Mark—even though I understand full well what you are talking about with criminal prosecution and people being held accountable—the second thing you said was that we could do so much more if we stopped devaluing the work of adults who work with children. I love the zoo, but people who work in the zoo get paid twice what people who take care of children get paid. It is just unbelievable.

I introduced a bill with Senator DeWine today that is a good, small step, which is loan forgiveness for men and women who go to school and get a degree in early childhood development; we say that if you go into this profession, this is a way that we want to encourage people to do it.

That is the second thing that worries me—one, whether we are going to be really willing to take this whole issue—Senator Dodd is right about regulation; you are kind of going against the grain these days—but there comes a point where Government ought to be on the side of people, and especially on the side of children.

The second point—and I would say to the chair, I do not know how we get around this—is that I just think—and I am not using this for mileage—we have blocked ourselves into budget agreements over the next 5 years that allow us to invest very little in the way of resources. I do not know how we get out of the straitjacket that we have put ourselves into. I just simply think we have got to do much better by way of investment. Let the action happen at the local level, but it is certainly well worth it.

I just hope that we will really follow through on what you have said. The Senators that I am with here today, Republican and Democratic, are very committed to it, and I certainly want to be a part of the effort. This is my passion, but after hearing the two of you, I just feel so strongly about it.

One final point. As I was listening—and this is the first time, actually, that I have thought of this for years—but we have three children, and I remember with our first as an infant, the same thing. Sheila had to go back to work, and she went back to work after about 2 months. I remember after 3 days, we would pick David up, and we could not understand why he was listless, he had no life, nothing. We could not figure out what happened to him, so I just went day in the middle of the day, and there were all of these kids, everywhere, and they were never picked up; nobody paid any attention to them.

So just as Mark and Julie have said, this is not just one case.

Thank you. I pray that we will follow up on your words.

The CHAIRMAN. Thank you both.

Also, to try to put everything into little broader view, because I think you have focused on a part which dramatizes how difficult this whole issue is, these hearings were prompted by the new knowledge on the incredible importance of brain development dur-

ing the zero to 3-year period, and that has focused attention on the whole area of child care. Your incident has identified how much has to be done first, just for the safety of the child, and that the kind of care that is necessary for nurturing becomes totally meaningless if the child is just left alone. It dramatizes that. Second, that if you do not have people going around and checking up on the care and checking up on violations, all the rules in the world will not help if the States, local governments and whatever standards are created do not have the ability to monitor, first on safety, and second, on the issues of nurturing and educational development.

So we are a long way right now from being in a position to have what we need in this country. Hopefully, the bill that we have here, with your help in bringing this to the attention of Congress, as dramatically and horribly as you have, will help us to move in all of those directions.

We deeply appreciate your testimony. Thank you very much.

Mr. FIEDELHOLTZ. Thank you, Senator.

Senator DODD. Mr. Chairman, before Mark and Julie leave, this pamphlet is from our "Kids Count" in Connecticut. The Connecticut United Way puts this out. It is a checklist of questions that parents ought to ask and explains that "It is not a place where a child goes, but a place where a child grows." It is rather clever and very graphic and well-done. It gets wordy in the back—that is almost too much; it is like the instruments on the back of a prescription bottle—you can lose me there—make it real simple. But these are some good ideas that people can look at.

I agree with your notion, by the way, that people can get intimidated. It is like telling a doctor you want a second opinion, and you are all of a sudden made to feel somehow like, who are you to be suggesting a second opinion? Too often when people go into these settings, they get intimidated. How does an average person know what to look for in terms of things like—I think the CPR questions are good—but with electrical and water and things like that, it can get confusing to people.

Anyway, I just thought I would show you this one example.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you again.

To accommodate Senator Dodd, I am going to switch panels now, so if that disturbs anybody on Panel 2, please let me know. He has to leave shortly, and has a witness from Connecticut he would like to introduce.

Senator DODD. Yes, I do, Mr. Chairman. I am going to ask Lynn Behrmann to join the next panel, and thank you, Mr. Chairman, for accommodating me, and I apologize to the other witnesses that I am not able to stay as long as I would like to.

Lynn, why don't you come up and join the panel, and I will just complete a quick introduction, Mr. Chairman, if I can.

Lynn Behrmann is a family day care provider from my State of Connecticut, in Manchester, CT. She devotes substantial attention and effort to providing the children in her care with the highest quality of care. She is also president of the Connecticut Family Day Care Association Network and as such, Ms. Behrmann witnesses daily the needs and concerns of today's home child care providers, and she is thereby particularly qualified to speak to how we can

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improve quality in home-based child care programs, going to the issue that I raised earlier with the Fiedelholtz' and that is the question of how does a small day care provider fit in.

I thank you, Lynn, for being here and apologize for moving you ahead like this; I did not want to throw you off-base, and again, I thank the chairman for accommodating me.

The CHAIRMAN. We are going to ask all of Panel 3 to come up at this time, so I would appreciate it if Deborah Lowe Vandell and James M. Poole would also come forward.

The first witness is Deborah Lowe Vandell, who comes to us today all the way from the University of Wisconsin at Madison, where she is a professor educational psychology and chair of human development. She is a principal investigator for the National Institute of Child Health and Human Development, and she will share with us the results of one of their most recent surveys.

Dr. James M. Poole is an M.D. who practices pediatrics in Raleigh, NC. He is a member of the American Academy on Pediatrics and its Committee on Early Childhood, Adoption and Dependent Care. Dr. Poole is a valuable source of information to child care providers across North Carolina. He will share with us the AAP's views on child care and the needs of children.

And the third witness, Ms. Behrmann, has already been very aptly introduced.

I will go back to Deborah and ask you to start us off.

STATEMENTS OF DEBORAH LOWE VANDELL, PROFESSOR OF EDUCATIONAL PSYCHOLOGY, UNIVERSITY OF WISCONSIN, MADISON, WI, AND PRINCIPAL INVESTIGATOR, STUDY OF EARLY CHILD CARE, NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT, NATIONAL INSTITUTES OF HEALTH; DR. JAMES M. POOLE, RALEIGH, NC, ON BEHALF OF THE AMERICAN ACADEMY OF PEDIATRICS; AND LYNN BEHRMANN, FAMILY CHILD CARE PROVIDER, MANCHESTER, CT

Ms. VANDELL. Good afternoon, Mr. Chairman and Senator Dodd. My name is Deborah Lowe Vandell, and I am a professor of educational psychology at the University of Wisconsin at Madison. I am an investigator with the Study of Early Child Care funded by the National Institute of Child Health and Human Development. It is a pleasure to be here.

Today I would like to briefly describe the NICHD study for you and present findings from the study that are relevant to the committee's consideration of how to improve child care quality.

Over the last two decades, researchers have sought to determine the effects of child care on young children, but these findings have often seemed to disagree, and the public was confused by conflicting reports. Several factors have contributed to this confusion, including researchers' reliance on small samples of predominantly white, middle class children and a failure to take into account critical family, child, and child care characteristics.

Recognizing these limitations, in 1988, NICHD initiated a comprehensive study of the effects of child care, particularly infant care, on the development of children in the United States. Following a stringent scientific review by independent experts, 10 teams

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of investigators were selected, and with NICHD program staff, these researchers have become the NICHD Child Care Network.

It is the aim of the Network to understand the circumstances under which child care can support young children's development and the circumstances in which it may hinder children's development.

To do this study, we screened some 9,000 births at more than 24 hospitals and 10 research sites located across the United States. From these families, some 1,360 children and families were selected. The families are diverse; they live in urban, suburban and rural areas. They vary in income, ethnicity, family structure, and whether or not the mothers are employed. The study includes children who are cared for by their mothers as well as families cared for by others on a regular basis.

We started observing the families when the children were 1 month of age. We continued our visits to their homes at 6, 15, 24, 36 and 64 months of age. Starting at 15 months, we have also brought the children to our laboratories. We have been assessing their relationships with their mothers, fathers, peers. We are interested in the children's social skills, adaptive behaviors, behavior problems, self-concept, as well as the children's general intellectual functioning, language skills and school readiness. This year, many of our children are beginning first grade, and we will have an opportunity to look at the effects of early child care on their adjustment to school.

A major component of the NICHD study has been the intensive examination of children's experiences in child care. Every 3 months, we have been reporting how many hours the children are in care, changes in their environment and types of care arrangements. Study children who are in care for 10 or more hours a week have been observed during 2 half-day visits at 6, 15, 24, 36 and 64 months of age. During those visits, we are looking at structural characteristics, such as the number of children in the setting, the child-caregiver ratio, as well as information about the caregivers and the physical environment.

Finally, we have had highly trained observers in the settings, taking extensive and detailed records about the quality and frequency of caregivers' behavior with the study children. What I would like to do now is describe some of the findings relevant to quality of care.

Study families began using nonmaterial care very early in their children's lives. Fully 84 percent of the children in our sample experienced nonmaterial child care during the first year. On average, children were entering care at 3.1 months, and they were entering care for an average of 29 hours per week.

We have also found significant differences in the quality of child care that are associated with family income. In general, low-income children who were care for in home-type settings by child care providers who were either relatives or child care home providers were receiving lower-quality care than other children in the study. Low-income children who were cared for in child care centers were receiving care that was equivalent in quality to that received by children in more affluent families. Children just above the poverty line, however, received lower-quality care in centers than did children in

poverty, probably due to subsidies available to low-income families that increase the quality of that center-based care.

We have also confirmed that there is substantial variability in infant child care. During our observations at 6 months, infants were seen in groups that varied in size from a single child to 30 children. Child-caregiver ratios varied from one-to-one settings to one situation in which there were 13 children with one adult—a ratio not far off from what we were hearing about earlier today.

Caregivers ranged in education from less than a high school degree to postbaccalaureate work, with most caregivers having either a high school degree or some college. Most caregivers did not have any specialized training in child development or in the care of infants—some 71 percent of the providers had no specialized training for infants.

Importantly, these differences in education and training were associated with caregivers' beliefs and behaviors. Caregivers with more training and more education were more likely to have beliefs that were supportive of child development, and in a few moments, we will see that those beliefs and behaviors were also associated with the children's development to age 3.

We also observed in these 2 half-day visits substantial variations in the quality of the caregivers' behaviors with the study infants. Next, we asked if structural characteristics, such as group size and ratio, and caregiver characteristics, such as training and education, contributed to the quality of caregivers' behaviors with infants. We found evidence that this was the case. Caregivers were more positive—that is, they were stimulating, warm, sensitive—with infants when there were smaller group sizes, when child-caregiver ratios were smaller, and when caregivers had the child-supportive beliefs that were associated with training and education.

Physical environments that were clean, safe, and contained safe, age-appropriate toys also were associated with the positive behaviors from caregivers. They act as another marker of quality.

These associations between structural and caregiver characteristics were found in all five types of child care that we looked at—care provided by grandparents, in-home sitters, child care homes, centers, fathers we observed who were providing care for their infants. In all of these settings, the importance of group size, ratio and caregivers' beliefs were indicative of the quality of care that we were observing.

In work to be completed this summer, we extent this aspect of the study by examining the impact of these structural characteristics and caregiver characteristics on the quality of observed caregiving with toddlers and preschoolers.

Let us now turn to the analyses that looked at the effects of this caregiving quality on children's development. Because of time constraints today, I am going to talk about only one aspect of development.

The CHAIRMAN. At this point, unfortunately, we have only 5 minutes left to go over and vote. You are at a break in your testimony, so we will take a short break and be back as soon as possible.

[Recess.]

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The CHAIRMAN. I am sorry that we had to interrupt your testimony. This is a busy time of year, as you well know, and there are many other things being negotiated. I am sorry for the delay.

Please proceed, Dr. Vandell.

Ms. VANDELL. I was just starting to describe to you analyses that we have conducted looking at the effects of caregiving quality on children's development. Not surprisingly, we found that the family and mother characteristics were important contributors to children's cognitive and language outcomes at 15, 24, and 36 months. However, what is also important is that in addition to these family characteristics, child care quality significantly predicted children's performance on standardized cognitive and language tests at all three ages—that is, at 15, 24 and 36 months. Higher-quality child care predicted better school readiness and higher language scores.

To recapitulate, we found substantial variations in child care quality, as reflected in the quality of the caregivers' behaviors and interactions with the study children. Caregivers were more sensitive to infants' social, emotional and cognitive needs when child-caregiver ratios and group sizes were smaller, when physical environments were safe, clean, and age-appropriate, and when caregivers had child-supportive beliefs.

The ratings of caregiving quality were then found to be related to children's language and cognitive development at the three ages that we were assessing them.

This study is very much one that is still a work-in-progress. So far this year, the Network investigators have five reports that were published or soon to be published in prestigious scientific journals. In addition to the findings that I have summarized for you today, these reports have examined topics such as the effects of child care hours, the stability of care, and the effects of early entry into child care on child development. Additional child outcomes that we have examined have looked at the effects of child care on children's attachment relationships with their mothers, on their behavior problems, compliance, self-control, and mother-child interactions. Other reports should be completed in the near future that specifically examine the effects of regulatory features, such as child-adult ratio and caregiver education, on children's developmental outcomes. We also have a report that is nearing completion on the father's important role in early child development.

We would be delighted to keep the Senate informed about our results, and we welcome the opportunity to discuss these findings with you as they become available.

On behalf of all of the investigators for the NICHD study and the many families who are participating in this research project, I want to thank you for inviting us to report these initial findings to you.

The CHAIRMAN. Thank you. That is very, very helpful, and we will be following up with you.

[The prepared statement of Ms. Vandell follows:]

PREPARED STATEMENT OF DEBORAH LOWE VANDELL

Good afternoon, Mr. Chairman and members of the committee. I am Dr. Deborah Lowe Vandell, Professor of Educational Psychology at the University of Wisconsin at Madison. I am an investigator with the Study of Early Child Care funded by the

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National Institute of Child Health and Human Development (NICHD) at the National Institutes of Health. It is a pleasure to be here.

Today I would like briefly to describe the NICHD Study and then present recent findings from the Study that are relevant to Committee's consideration of how to Improve the quality of child care. The first set of findings pertains to structural and caregiver characteristics that are associated with the quality of care received by infants in different types of child care settings. The second set of findings relates to the effects of positive caregiving quality on children's cognitive development and attachment to mother.

Over the last two decades, researchers have sought to determine the effects of early child care on young children. Some researchers presented evidence that early and extensive nonmaternal child care pose risks for infants. Others showed that children thrive in child care so long as the quality of care is high. Still others argued that early experiences do not affect children's development, unless the experiences are characterized by extreme deprivation. There were data to support each position. The public was confused.

Why was there so much disagreement about the effects of child care? First, the research studies were not large enough to take into account all of the critical family, child and child-care characteristics that influence the development of young children. Conclusions about the effects of early child care were based on small samples of primarily white children, most from middle class families. Second, many of these studies were limited in that they did not take into consideration differences in the types of care or the quality of the care that children received in their mothers' absence.

Recognizing these limitations, in 1988, there was a call for more comprehensive child care research. In response, Dr. Duane Alexander, the Director of NICHD,initiated a large scale study to examine the effects of child care, particularly infant care, on the development of children in the United States. Following stringent scientific review by independent experts, 10 teams of investigators were selected from universities and research institutes across the country. Together with the NICHD scientific program staff, these researchers became the NICHD Early Child Care Research Network. As a group, we have designed, implemented, and coauthored the NICHD Study of Early Child Care. See Figure 1 for locations of the 10 Study sites and the names and affiliations of the investigators.

The overall aim of the study has been to examine the effect of variations in early child care experiences on America's children. We recruited children and their families to participate in the study soon after birth. NICHD has made it possible for us to follow these children until the end of first grade. This study is an improvement upon all earlier studies in three ways. First, we included a diverse sample of families. Second, we measured pre-existing characteristics of the children, their mothers, and their fathers. And third, we made extensive observations of these children's experiences at different ages and across a wide variety of child care settings.

FIGURE 1

NICHD Study of Early Child Care

University of Arkansas	University of Virginia
University of California, Irvine	University of Washington
University of Kansas	Wellesley College
University of Pittsburgh	Western Carolina Center
Temple University	University of Wisconsin

NICHD EARLY CHILD CARE RESEARCH NETWORK

Mark Appelbaum, University of California at San Diego, Jay Belsky, Pennsylvania State University, Cathryn Booth, University of Washington at Seattle, Celia Brownell, University of Pittsburgh, Bettye Caldwell, Arkansas Children's Hospital,

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Alison Clarke-Stewart, University of California at Irvine, Kaye Fendt, NICHD, Kathryn Hirsh-Pasek, Temple University, Elizabeth Jaeger, Temple University, Nancy Marshall, Wellesley College, Marion O'Brien, University of Kansas, Deborah Phillips, National Academy of Sciences, Henry N. Ricciuti, NICHD, Deborah Lowe Vandell, Univ. of Wisconsin at Madison, Henry N. Ricciuti, NICHD, Deborah Lowe Vandell, Univ. of Wisconsin at Madison, Marsha Weinraub, Temple University, Dee Am Batten, Vanderbilt University, Kimberly Boller, NICHD, Robert Bradley, University of Arkansas at Little Rock, Margaret Burchinal, Frank Porter Graham Child Dev. Ctr., Susan Campbell, University of Pittsburgh, Martha Cox, University of North Carolina at Chapel Hill, Sarah L. Friedman, NICHD, Aletha Huston, University of Texas at Austin, Bonnie Knoke, Research Triangle Institute, Kathleen McCartney, University of New Hampshire, Margaret Tresch Owen, University of Texas at Dallas, Robert Pianta, University of Virginia at Charlottesville, Susan Spieker, University Washington at Seattle, and Kathleen Wallner-Allen, Research Triangle Institute

Let me begin with a brief description of the participating families and the data that are being collected. We screened nearly 9000 births at more than 24 hospitals across the 10 research sites located across the U.S. From this group, 1,364 families were selected. The families were diverse. They lived in urban, suburban, and rural areas. They varied in income, ethnicity, family structure, and whether or not the mother was employed outside the home. The Study included families in which children were cared for by their mothers, as well as families of children cared for by others on a regular basis.

Children and their families were observed in their homes when the children were 1, 6, 15, 24, 36 and 54 months old. Starting at 15 months, families visited us at our laboratories. Starting at 6 months, we observed children in their child care settings. In these different settings, we have measured children's relationships with their mothers, fathers, peers, and teachers. We have measured the children's social skills and adaptive behaviors, their behavior problems, and their self-concept. And, we assessed the children's general intellectual functioning, language skills and school readiness. This year, the children are turning 6 years of age, and we will be seeing them in first grade. In addition to continuing our study of the children's social, emotional, and cognitive development, we plan to examine their adjustment to school and success in first grade.

A major component of the study has been the intensive study of children's experiences in child care. At each assessment point, we recorded the number of hours of nonmaternal care children received, the stability of that care, and the type of care setting (grandparent, in-home sitter, father, child-care home, and centers). If children were in a child-care arrangement for 10 or more hours per week, we visited them in their child care settings during two half-day visits. We recorded structural characteristics such as the number of children in the setting, the child: caregiver ratio, and the age configuration of children within the settings. We obtained information about the caregivers, such as their education and training, experience, and child-rearing beliefs. Features of the physical environment relating to health, safety, and cognitive enrichment were rated. Finally, we used highly trained observers to take extensive and detailed records of the quality and frequency of caregivers' behaviors with the study children. From these observations, we were able to rate caregivers' sensitivity to the children's needs,their warmth, and stimulation of child development. Developmental theory and previous research lead us to focus on these aspects of caregiver behavior as indications of the quality of the child care settings. We hypothesized that the quality of caregivers' interactions with the infants would contribute to the children's development.

What have we learned so far? First, the families began using nonmaternal care very early in infancy. Fully 84 percent of the infants experienced nonmaternal care during the first year. On average, infants entered care at 3.1 months. At time of first entry, the average number of hours per week was 29 hours. At first entry, families used many different arrangements for infants including fathers/partners (25 percent), child care homes (24 percent), relatives including grandparents (23 perent), centers (12 percent), and in-home sitters (12 percent). In general, low-income children who were cared for in home settings by a family member or child-are home provider received lower quality care than other children. Poor children cared for in childcare centers received care equivalent in quality to that received by children from more affluent families. Children just above the poverty level received lower quality care in child care centers than children in poverty, probably due to subsidies available to the low-income families that increased the quality of the care for children in poverty, bringing it up to the quality available to the more affluent.

Within infant care arrangements, we observed differences in structural features and caregiver characteristics. Infants were in groups that varied in sizes from a sin-

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gle child to 30 children. Child:caregiver ratios varied from one-to-one settings to one situation where 13 children were with one adult. Caregivers ranged in education from less than a high school degree to post baccalaureate work, with most caregivers having either a high school degree (34 percent) or some college (34 percent). Most of the caregivers did not have specialized training in child development (65 percent) or in the care of infants (71 percent). These differences in education and training were associated with caregivers' beliefs about child rearing. Caregivers with more training and with more education were more likely to have child-centered beliefs about child rearing. Our two day observations showed substantial variations in the quality of caregivers' behaviors with our study children. Whereas some caregivers were highly sensitive, positive, and emotionally engaged with the infants, others were insensitive, negative, and/or emotionally detached.

Next, we asked if the variations in structural or caregiver characteristics contributed to the quality of caregivers' behaviors with infants. We found evidence that this was the case. Caregivers were more positive (i.e., sensitive, stimulating, warm) with infants (1) when there were smaller group sizes, (2) when child-adult ratios were smaller, and (3) caregivers had child-centered beliefs about child rearing. Physical environments that were safe, clean, and contained age-appropriate toys also were associated with more positive behaviors from caregivers. These associations between structural and caregiver characteristics were found in all five types of child care settings (fathers, grandparents, in-home sitters, child-care homes, and centers), further supporting the importance of group size, ratios, and caregiver beliefs. In work to be completed this summer, we hope to extend this aspect of the study by examining the impact of structural and caregiver characteristics on the quality of observed caregiving for toddlers and preschoolers.

Let us now turn to our analyses that have examined the effects of caregiving quality on children's development. Because of time constraints, I will focus on two areas in which childcare quality is associated with differences in child development during the first 3 years.

The first set of findings concerns children's cognitive and language development. Perhaps, not surprisingly, we found that family and maternal characteristics were significant predictors of children's cognitive and language outcomes at 15, 24, and 36 months. In addition, after taking these characteristics into account, we found that the child care quality defined in terms of positive caregiving quality and caregivers' language stimulation predicted children's performance on standardized cognitive and language tests at 15, 24, and 36 months. Higher quality child care predicted higher school readiness and higher language scores.

The second set of results pertains to children's attachment relationship with their mothers. Once again, we found that the mother's behavior with the child was the best predictor of infant's attachment security. Mothers of secure infants were more sensitive and better adjusted psychologically than mothers of insecure infants. We found no comparable overall effect of child care quality on children's attachment to their mothers. However, under some circumstances, child care quality was associated with attachment security. When mothers were insensitive to their children's needs AND the children were in low quality child care, the incidence of insecure attachment was elevated.

To summarize: We found substantial variations in child care quality, as reflected in the quality of caregivers' behaviors and interactions with the study children. Caregivers were more sensitive to infants' social, emotional and cognitive needs when child-caregiver ratios and group sizes were smaller, when the physical environments were safe, clean, and age appropriate, and when caregivers had more child-supportive beliefs. The ratings of caregiving quality were related to children's language and cognitive development and, in some cases, to infants' attachment to their mothers.

This study is very much a work in progress. So far this year, our project has had 5 reports published or soon to be published in prestigious scientific journals. In addition to the findings summarized today, these reports have examined important topics such as the effects of child care hours, stability, and age of onset. Additional outcomes have included behavior problems, compliance, social competence, and mother-child interactions. We have examined the effects of families' economic and psychological circumstances on child care usage. Work also has been completed regarding the child care arrangements of the poor and near poor. During the coming months, we will complete analyses examining structural and caregiver factors associated with child care quality for toddlers and preschoolers. Another paper is to examine the effects of regulable features such as child-caregiver ratio and caregiver education on children's social and cognitive outcomes. A paper examining fathers' role in early child development also is nearing completion. We would be delighted

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to keep the Committee informed about our results, and we welcome the opportunity to discuss these findings with you, as they become available.

On behalf of all the members of the Study Steering Committee and the many families who are participating in this research, I thank you for inviting us to report these initial findings. I would be pleased to answer any questions you may have.

The CHAIRMAN. Dr. Poole.

Dr. POOLE. Good afternoon, Mr. Chairman, and thank you very much for the opportunity of allowing me to testify on the quality of child care in this country.

I am Dr. Jim Poole, and I am testifying today on behalf of the American Academy of Pediatrics. As you know, we have 53,000 pediatricians dedicated to the health, safety and well-being of infants, children, adolescents and young adults.

I do want to impress that the story that was told earlier this afternoon is everywhere. A block from my office last week, the same story was repeated, with a 4-month-old child dying in a licensed center.

I also want to say that as a practicing pediatrician, I also serve on the AAP's National Committee on Early Childhood, Adoption and Dependent Care, and we advise the AAP Board on medical and public policy matters related to child care.

My entry into child care actually came when I was in the military. I closed a day care center when I was chief of pediatrics in Stutgart, Germany, and General Bechton, who is here in Washington right now, called me at 7:30 the next morning—and having the 3-star general in charge of European Command call me at 7:30 in the morning was kind of frightening—and he said, "You have single-handedly shut down my army," because I closed down the day care without telling anybody.

That was really the first time I realized the importance of child care to both the workforce and to the children themselves.

The AAP is definitely committed to promoting health development and preventive care for all children. The AAP knows that child care is very important, and with the support of the Maternal and Child Health Bureau, the AAP and the American Public Health Association wrote, "Caring for Our Children," and these are the national standards that we have written together, and with these standards, we have also written a companion book entitled, "Stepping Stones," which is a summary of the standards within "Caring for Our Children."

These national health and safety performance standards and guidelines for out-of-home child care programs we feel are very, very important and something should be adopted at all child care centers, whether they be licensed homes, unlicensed homes, or child care centers.

In addition, the AAP has recently assumed coordination of the Maternal and Child Health Bureau's "Healthy Child Care America Campaign," with which I have been heavily involved as a pediatrician. This campaign involves the training of providers as well as training health care providers throughout the country to involve themselves with children in child care settings, as well as the immunizations of all children and the health and safety within centers.

Early brain development has been talked about a lot today, and we also know that early brain development and the child care envi-

ronment go hand-in-hand. Certainly we feel that child care standards and child care environment also go hand-in-hand. We know that all children are fragile, and by age 4, children understand whether the world is a world of opportunity or it does not have opportunity. It is impressive to me that we really need to work on these kids and parents to make this reality for these children. What a sad State to realize the world really does not have an opportunity for me.

Care cannot be separated from early development. I think we have to look at whether we work in a noisy environment, does the child work with noise, or do they listen and learn through music. Good studies show that in the early ages of kindergarten, first and second grade, if a child in early child care has had music, their math skills are better.

Does a child live with silence, or does he listen to somebody speaking, talking and reading? Certainly, there are "Write to Read"-type programs starting up that are really showing a marked difference in children and their desire to learn and educate themselves.

Do we live in confusion, with rooms that are packed with a million toys, as if the child goes into a toy store and cannot figure it out, or do we learn with the simplicity of art and the types of things that can really impart learning to children? Often, we will see rugs that have 5,000 colors in them, which is confusing to a child's brain.

So a lot of education needs to go on, but the biggest thing that children need is not the trauma of growth; it is trust. What they want from adults is to be able to turn around and trust. You can watch a child crawl across the room and reach up to grab something, and all of a sudden, he looks back at the parent or some caring person for success—can I keep going, or shouldn't I? They want the trust that when they are crying, they will be picked up and cared for.

This is something that we as adults have got to look t. I always wonder if we looked at it backwards—people ask me what medical school or university I went to, but nobody asked what kind of care I got when I was an infant. And I think if we know that children are cared for in a positive way by the ages of 4 and 5, we are not going to have to worry about their college education, because they are going to be positive motivated, they are going to be strong children, and they are going to have the confidence in the back of their mind that they can do it. We have got to impart that upon them.

The other side of that coin is that if we do not teach families how to impart that, we have lost the boat, too. I was at a Governor's conference in our State, and somebody said that in the prison system, 80 percent of the people cannot read and write. How am I going to teach 4-year-olds with those kinds of parents if we do not work with those parents to teach them reading and writing skills and positive influences? It is a family unit. I want us to come away with the fact that children are warm and caring people who need warm environments,and child care settings are warm environments; they are not cold, hard buildings. But what we have got to get through is that that warm environment is a family atmosphere.

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The child care center is actually an extended part of the family. The child is in that child care center more waking hours than he is at home, and we have got to as a society pull away from the fact that we have kind of left this industry, which has gone on all the way since—in fact, I was at the Smithsonian, and there was a book on women in business in Egypt's time, and there is even a section on women in out-of-home settings—so we have had child care ever since time began, but it is how we deal with the children that is so very important. And certainly, I applaud both of you and all the efforts that you are making.

Certainly there is a correlation between quality of early childhood environment and learning, which is social learning, intellectual learning, it is emotional and it is physical, and we have got to realize it is all parts of that.

As a pediatrician, I daily see the impact of a child's environment. I can see the child who comes in laughing and loving, and I can see the child who comes in who is withdrawn and apparently not cared for. Yet society has not paid enough attention to these kids because they are, quote, in a "babysitting" setting, and we realize that the school system says, I do not know where these children come from, but at age 5, apparently, they are hatched, and they come to kindergarten. We have got to understand that these kids are born, and they are born learning from the moment they walk out. Their early brain development from zero to 3 has proven to everyone the things that pediatricians know, which is that the synapses in our brains are there because we need to adapt to whatever our environment is. By age 3, we have lost half of them. So this development setting is something that we must learn and that we must really push for these children.

Quality costs, and we need that. It is a labor-intensive industry, and the wide spectrum of quality goes from those who are almost barely or in harm's way type of care to this very nurturing environment.

As a pediatrician, I am very worried that the welfare reform that we have talked about and that the Senator from Florida was discussing about what the difficulties can be in Florida—I have major concerns about suddenly putting a burden on a system that is already burdened, and as a pediatrician, I cannot allow that.

We also need to care not only for these high-risk infants, but for these high-risk families, these teenage pregnancies and the teenagers throughout life, early on. We have got to be involved with them in a caring setting so that again, speaking as a pediatrician, the children are not by themselves, and it is a warm and nurturing environment.

So to ensure quality care, we must have standards, we must enforce those standards, we have got to have public support for families and child care systems through the subsidies and tax credits that you are looking at.

How do we balance work, family and child care? It is a father issue now as well as it is a mom issue; it is no longer even the businesses at all. There was a good study that showed that 40 to 50 percent of all workers were affected by their coworkers' child care arrangements. The striving and trying to get ahead is something that American has got to stop and look at.

More specifically, but not exclusively, a high-quality program obviously includes appropriate child care ratios, and I think what Dr. Vandell said, which I do not want you to miss, is group size. I think group size is 10 times more important even than staff. If I put four kids in a room with one staff, and you say you have a one-to-four ratio—all of us have been at a birthday party with 35 kids, and that is mass hysteria. So we must realize that there very much is a thing with group sizes.

We have got to have activities to promote healthy child development. We have got to worry about health protection and promotion, proper nutrition, safe and age-appropriate facilities, systematic recordkeeping for children's health and development. What I am getting at is that the child care center should be the health center and the spoke of the wheel for the health of this child. It is a wonderful opportunity that we, both as physicians and as Government, can say we can dictate the health of children if we look at the health surveillance of what is going on, because that is where these kids are coming. So please look at that as a point.

Finally, make early childhood education and care available and affordable for preschool children, establish and enforce adequate health and safety standards. The "Back to Sleep" campaign just came out with a study that was mentioned that shows that day care centers are not doing it—they are not putting infants on their backs while they are sleeping. And we need to promote licensing and professionalism of early child care and education professionals.

As a society, we need to ensure a safe and healthy environment for all children. To achieve this goal, society will have to mobilize resources at the Federal, State and local levels. We urge this committee to develop ways to provide Federal mechanisms needed to support States, child care providers, families and children.

Thank you.

The CHAIRMAN. Thank you, Dr. Poole.

[The prepared statement of Dr. Poole follows:]

PREPARED STATEMENT OF JAMES M. POOLE, MD, FAAP

Good afternoon Mr. Chairman, members of the committee. Thank you for the opportunity to testify today about the quality of child care in this country. My name is James M. Poole and I am testifying on behalf of the American Academy of Pediatrics (AAP), an organization of 53,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults.

I am a practicing pediatrician in Raleigh, NC. and also serve on the national AAP Committee on Early Childhood, Adoption and Dependent Care, which advises the AAP Board of Directors on medical and public policy matters related to child care. In addition, I direct five child care centers serving 1,000 children in the Raleigh area.

The Academy and its members have been. and will continue to be, extensively involved in child care issues. Perhaps most significantly, the AAP literally helped to "write the book" on child care quality. The AAP and the American Public Health Association, with the support of the U.S. Maternal and Child Health Bureau, developed comprehensive health and safety standards for out-of-home child care, published in 1992. This 400-page publication, *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care* ("National Health and Salety Performance Standards"), supplies detailed standards with respect to almost every aspect of child care quality. The Academy has also published a video tape series to help child care centers implement the standards, and has published a manual for pediatricians and a brochure for parents concerning the quality of child care.

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In addition, the Academy recently assumed coordination of the "Healthy Child Care America Campaign" under a cooperative agreement with the Maternal and Child Health Bureau (in the Health Resources and Services Administration), and the Child Care Bureau (in the Administration for Children and Families) in the Department of Health and Human Services. The Healthy Child Care America Campaign" is a nationwide effort to ensure safe and healthy child care by linking child care providers, health care providers and families. (See Appendix.)

Background

Six out of 10—nearly 13 million—infants, toddlers and preschool children are enrolled in child care, according to the National Center for Education Statistics (NCES). According to the NCES, nearly 88 percent of children whose mothers work full-time and 75 percent of children, whose mothers work part-time are enrolled in child card. As children grow older, they are more likely to be enrolled in child care. About 45 percent of 1-year-olds are in a child care setting for at least part of the day or week, compared to 78 percent of 4-year-olds and 84 percent of 5-year-olds.

When they *are not being cared for by their parents, young children may spend* their time in one or several of the following types of child care: (1) in-home care—where a child is cared for by a caretaker in the child's home; (2) family-based child care—where one or more children are cared for in the caretaker's home (some family—based care is for small groups, some is for larger groups, sometimes with more than one caretaker); or (3) center-based care—where a number of children are cared for in a non-residential setting designed for that purpose. "Out-of-home" care as used in this testimony, refers to both family-based and center-based care.

Although some early childhood programs are intended to provide "education" (such as "nursery school's and preschool ") and others are intended simply to provide custodial care ("day care "), the Academy believes that "education" and "care" are inseparable in the case of infants and preschool children. Young children are constantly learning while they play and engage in every day activities; young children in "educational" programs still need "care" in terms of comfort and assistance in meeting their physical needs.

Thus, rather than distinguishing between "day care" and "early education programs," the Academy and others in the early childhood field prefer the term *"early childhood education/care programs"* for all out-of-home settings providing services to young children. The latest research on brain development attests to the fact that early childhood care and learning cannot be separated, and that a child's environment and experiences in the earliest years' of life have profound, life-long consequences.

While this testimony emphasizes child care/education for young children, most of the recommendations concerning quality apply equally to programs for school-aged children outside of school hours and during the summer.

What kind of child care do children need?

In general

Pediatricians have always recognized the importance of the early years in the physical, social, intellectual and emotional development of children, and the long-term impact of a young child's experience and environment. Recent findings on early brain and child development indicate that the physical and chemical structure of the brain—and thus, its future capacity for learning—are influenced significantly by the environment and experiences of a child during the first few years after birth, particularly during the first three years.

Thus, the latest brain research confirms the importance to our society of quality child care—within the family and outside it. To develop their potential, children must have trust and confidence in their caregivers, and caregivers must be able to provide adequate physical, emotional and mental stimulation in an appropriate environment.

Specific Elements of Quality Care

Research consistently has identified several factors most related to quality in early childhood education/care programs; small groups of children, with sufficient numbers of adults to provide warm responsive caregiving; well-educated staff and administrators with specific training in early childhood care and education; adequate compensation for caregivers, and a low degree of staff turnover.

Simply put, the key elements of quality child care are: staff, environment, and activities. More specifically. but not exclusively. a high-quality program will include:

- appropriate child staff ratios, with staff who are professionally qualified, mentally and physically healthy. well-compensated, committed motivated, and evaluated
- activities to promote healthy child development with appropriate supervision and discipline
- health protection and promotion (including health education, specific policies for managing child illness and injury, including child abuse and neglect)

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- proper nutrition, safe food service practices
- safe and age-appropriate facilities, supplies, equipment, and transportation
- systematic record-keeping on children's health and development

Child care providers have, in many respects, taken on the role of the extended family for many children and their parents. As would an extended family, a good out-of-home child care provider should communicate closely with parents about their children's activities, health and development, and will also help parents with their own parenting questions or problems It is important for the parent and child care provider to be consistent with one another in rules and discipline.

In addition, a high-quality out-of-home child care provider, particularly an organized center, will serve as an access point for other services a family might need, such as health or social services, and will help to ensure that children have a "medical home" in order to receive immunizations and other preventive health care. The Academy would liked to see every child care provider have a health care consultant and encourages its members to provide consultative services to child care providers.

What kind of child care are children getting, and why?

The current state of out-of-home child care

Most people would agree that, at a bare minimum, our Nation's children deserve to be safe in their out-of-home child care settings. Yet, in at least one study of licensed child care facilities, significant injury hazards were described by facility personnel in response to survey questions.[1]

With respect to child development studies indicate that quality child care is the exception rather than the rule, especially for infants and toddlers. Studies have shown that about 35 percent of family-based, and 40 percent of center-based infant and toddler care is inadequate, or even potentially harmful to children's safety and development. One of these studies found that only one in 12 infant/toddler rooms provided developmentally beneficial care.

The same studies found that only about 10–15 percent of the out-of-home child care settings offered care that promotes children's healthy development and learning. Another study found that only 12 percent of regulated family-based child care. Three percent of non-regulated care, and one percent of out-of-home care by relatives was found to be good for children.

These are but a few of the disheartening data about the state of out-of-home early childhood education/care in this country. We know what high-quality care should look like. Why is it not universally accessible to children who need it?

The economics of child care

Quality child care cannot be attained by merely applying standards to facilities and caregivers, resources are necessary to meet the cost of quality care at a price that parents can afford.

Child care is a labor-intensive service. Staff wages make up the largest cost in providing care, and caregiver wages in the United States are generally too low to attract and retain qualified staff. In effect. the cost of child care in this country is subsidized by the low wages and benefits of caregivers who leave their jobs at an astonishingly high rate.

High staff turnover adversely affects the health and safety of children. Frequently replaced, untrained, barely oriented, poorly compensated and over-worked staff cannot maintain sanitation routines, be prepared for emergencies or meet the mental health need of children, for constancy in relationships. Facilities cannot benefit from training provided to staff if the staff leave their jobs before the training is implemented.

In addition to better compensation, greater societal respect for caregivers of young children would also help to increase staff tenure and provide an element of professionalism that would attract competent and committed personnel.

Unfortunately, good quality care costs more than the majority of low-income, and even middle income families can afford, leaving no alternative for many parents but to purchase substandard, hazardous, and unhealthful arrangements for their children. This situation is likely to be exacerbated as changes in Federal welfare law and State policies put more parents of young children into the work force.

Inadequate regulation

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[1] MA O'Connor WE Boyle. GT O'Connor, and R Letellier. "Self-reported Safety Practices In Child Care Facilities." *American Journal of Preventive Medicine*. 8(1): 14-8. 1992 Jan-Feb. For example. 61.4 percent of facilities reported that they did not have an impact-absorbing surface under playground equipment; 30.3 percent of facilities with stairs accessible to children lacked safety gates; only 55.8 percent of facilities demonstrated access to the phone number for a poison control center; only 80 percent of providers could demonstrate access to the phone number of the local ambulance service.

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Regulation relating to the health and safety of children in out-of-home child care programs varies widely. Center-based child care programs are usually required to be licensed and are regulated to some extent. Some States have no or minimal regulation for before- and after- school child care, family-based child care, and preschool or nursery school programs, particularly if they operate on a part-time basis or if they are sponsored by a religious institution.

One review of State child care regulations in 47 States found that more than half of the States' safety-related regulations had inadequate or no standards for 24 out of the 36 safety topics examined. Most notable were the inattention to playground safety, choking hazards, and firearms.

Another review of State regulations found that the majority of States' child care regulations do not meet basic standards of acceptable/appropriate practice that assures the safe and health development of very young children. Edward Zigler, an expert in early childhood care and education, recently testified before this committee's Subcommittee on Children and Families that a recent analysis of center-based infant and toddler care found that no States have regulations that require good child care practice, and only 17 states' regulations can be characterized as minimally acceptable. The remainder of the States were rated "poor" or "very poor." This is especially disturbing in light of the recent findings about early brain and child development.

Moreover, monitoring and enforcement of child care standards varies widely from State to State and is inadequate in many areas. Research indicates that a significant percentage of settings that should be licensed are operating illegally. Even licensed facilities are not always held to applicable regulations.

With the increased demand for child care that should arise from changes in welfare law, States may be increasingly reluctant to implement stringent child care standards for facilities and personnel, and may encourage the provision of care by untrained personnel in order to meet the increased demand for child care and to provide jobs for welfare mothers.

AAP Recommendations: Long-Term Goals And Short-Term Action

The American Academy of Pediatrics would like to suggest the following long-term goals and short-term action steps:

Long-term Goals

In general, we believe that government policy at all levels should reflect *a systematic public commitment—both moral and financial—to make high-quality early childhood education/care available to all children who need it.* Accordingly, government policy, should:

Make early childhood education and care available and affordable for preschool children. While there is little disagreement that there should be public funding for the education of children age five and older, most parents have been left to their own devices to find and afford adequate out-of-home education/care for their preschool aged children. Now that most preschool aged children live in families where a single parent or both parents work, and we understand the importance of these early years on brain development, it is incumbent upon our society to ensure that safe, developmentally appropriate, and affordable early childhood education/care is available to all young children when they are not being cared for at home.

Financing of safe and healthful child care must come from a combination of public and private subsidies or tax credits for the cost of care that exceeds the reasonable ability of parents to pay for care themselves. Parents of young children generally have less disposable income that at any other phase of their lives. Just as society supports those elderly who can no longer fully support themselves, we must support young families raising our next generation.

Establish and enforce adequate health and safety standards. We believe that all out-of-home child care programs (including those for school-aged children) should be subject to the "National Health and Safety Performance Standards" regardless of what the programs are called or whether they provide care for all,or only part of the day or week. Ideally, these or equivalent requirements (or at least the minimum requirements set forth in "Stepping Stones" (see appendix)) would apply to all federally subsidized child care programs, and the Federal Government would provide strong incentives for states to adopt and enforce adequate health and safety standards for all child care programs.

Promote licensing and professionalism of early child care and education professionals. We recommend that all persons who provide child care or who may be responsible for children or alone with children in a facility should be individually licensed, certified, or credentialed by a Sate licensing agency or credentialing body recognized by the Sate regulatory agency.

Currently there is a rather haphazard manner for ensuring that the individuals who staff a child care facility are qualified. In most States, there is no licensing

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process for individual early childhood educators/caretakers. Rather, the qualifications of staff generally are evaluated as part of a facility licensing process, and must be re-examined each time an individual changes facilities. This is time-consuming, cumbersome and leaves room for error.[2]

Suggestions for short-term action

Obviously, achieving the Academy's goals with respect to child care will require legislative changes and additional financial resources. Although we encourage you to work toward these changes, there are other, more modest steps that you can take to improve the quality of child care in the near future. These include:

1. Support the Federal Governments ongoing efforts to improve the availability and quality of child care, including the Head Start and Early Start programs, and the activities of the Maternal and Child Health Bureau and the Child Care Bureau, including the "Healthy Child Care America Campaign" and the National Resource Center for Health and Safety in Child Care. (See appendix.)

2. Encourage the Federal Government to distribute "Stepping Stones" (see appendix) to all Governors, and challenge the Governors to implement these standards in their States.

3. Encourage the Federal Government to undertake a comparison of all State laws and regulations with "Stepping Stones" and the "National Health and Safety Performance Standards," and to publicize the adequacy of State health and safety regulations for child care. To facilitate this comparison, States should be encouraged to code their regulations in accordance with the National . . . Standards.[3]

4. Ensure adequate monitoring of the effects of changes in welfare policy on the supply and quality of child care, and the resulting effects on children and families.

5. Encourage each State to establish, by law, a State-level commission on child care, charged with developing a child care plan and facilitating cooperation among government, human services agencies, schools, employers, pediatricians and other health care providers, and caregivers, to ensure that the health, safety, and child development needs of children are met by child care services provided in the state.

6. Encourage Federal and State efforts to disseminate information to parents on child care standards and quality so that they can make wise choices about their child care options.

In addition, we urge you to talk to your constituents and your State and local government officials about the child care situation in your States. As you know,. it is often these county or other local officials who are charged with enforcing regulations. To do so properly, they need the resources you can help to provide.

Again, thank you for this opportunity to testify on behalf of the American Academy of Pediatrics. The Academy would be happy to provide you with any additional information you night need.

APPENDIX—CURRENT EFFORTS TO IMPROVE CHILD CARE QUALITY

Described below are some of the activities of the Federal Government and the American Academy of Pediatrics related to improving the quality out-of-home child care. As evident from the other witnesses at this hearing, there are many State and local governments, businesses, and private nonprofit organizations (e.g. NAEYC, "Zero To Three") that are undertaking other individual and joint activities to improve the supply and quality of out-of-home child care. At the Federal level, President Clinton recently directed the Department of Defense to share lessons learned from the military child development programs to improve civilian out-of-home child care.

"Stepping Stones"

As mentioned in my testimony, the American Academy of Pediatrics and the American Public Health Association developed comprehensive guidelines for child care health and safety that were published by the Maternal and Child Health Bu-

[2] There are several private organizations that evaluate and accredit child care programs. Most prominent is the National Academy of Early Childhood Programs of the National Association for the Education of Young Children (NAEYC) which has an accreditation process for center-based child care providers through which the quality of programs is judged against a comprehensive set of consensus criteria developed by early childhood professionals. Parents and employers can be assisted in assessing, the quality of a program by checking to see whether it has been accredited by NAEYC (or equivalent accreditation program). The availability of accreditation helps to improve quality by providing consumers a means of comparing child care programs.

[3] Currently, comparisons of State and local regulations with the "National . . . Standards" can be done only by tedious work taking many person-hours. Comparison of State and local standards with the ideal could be conducted much more efficiently if uniform codes (topic headings and numbering) were employed.

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reau ("National Health and Safety Performance Standards"). This publication supplies detailed standards with respect to almost every aspect of child care quality.

To make it easier for regulators and facilities to implement the standards or use them to analyze their current regulations, the Material and Child Health Bureau sponsored a project—commenced in 1994 and completed earlier this year—to identify the minimal standards directly related to protecting children from harm (injury, morbidity and mortality) in child care settings. The final product, called "Stepping Stones to Using Caring for Our Children—Protecting Children from Harm" ("Stepping Stones") contains 182 of the 981 standards set forth in the more comprehensive guidelines. This user-friendly publication provides a starting point for regulators to establish minimal health and safety requirements and for regulators, child care personnel, health care personnel and parents to evaluate child care settings.[4]

"The Healthy Child Care America Campaign"/

As mentioned in my testimony, the "Healthy Child Care America Campaign," supported by the Maternal and Child Health Bureau and the Child Care Bureau, and administered by the American Academy of Pediatrics, is intended to facilitate cooperation among families, child care providers and health care professionals to promote the healthy development of children in child care, including increasing access to preventive health services and providing safe physical environments.

The goals of the Healthy Child Care America Campaign are to provide:

- a safe, healthy child care environment for all children, including those with special needs;
- up-to-date and accessible immunizations for children in child care;
- access to quality health, dental and developmental screening and comprehensive follow-up for children in child care;
- health and mental health consultation, support and education for all families, children and child care providers; and
- health, nutrition and safety education for children in child care, their families and childcare providers.

More than 40 grants have been awarded by the MCHB to professionals and organizations representing health and child care communities, who will coordinate local activities to meet the goals of the campaign. In addition, communities can create or expand public and private resources that link families, health care professionals and child care providers by following 10 steps included in the Blueprint for Action, developed at the 1995 National Child Care Health Forum when the campaign initially began. Some of these steps include increasing immunization rates and preventive services for children in the child care setting, promoting and increasing comprehensive access to health screenings, and strengthening and improving nutrition services in child care.

Training and Recruiting Consultants to Child Care Programs

The Academy encourages pediatricians to be well-informed about child care issues so that they can adequately advise their patients' families about their child care arrangements. To this end, the American Academy of Pediatrics has published a manual for pediatricians, currently under revision, about health in child care. and has published a policy statement urging pediatricians to be prepared to counsel individual patients' families and to provide their health care expertise as consultants to organized child care programs. We hope to enhance these efforts in the future.

The CHAIRMAN. Ms. Behrmann.

Ms. BEHRMANN. I am not going to read directly from my testimony because there have been too many things said that I have got to discuss.

I am a licensed child care provider in the State of Connecticut. I have six children full-time. I have two under the age of 2. During the school year, I also have two more before and after school. I am allowed to have three after school if I choose to.

I do follow the regulations; I do have CPR and first aid. I also have a CVA, Child Care Associates; I also am accredited with that National Family Child Care Association.

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[4] Both publications are readily available on the world wide web through the federally supported National Resource Center for Health and Safety in Child Care ("National Resource Center"), located at the University of Colorado Health Science Center and the University of Colorado in Denver. The Center's Internet address is: http://nrc.uchsc.edu.

What I would like to start with because it was just mentioned is the professionalism aspect. Because I work with the Connecticut Family Day Care Association, which is a statewide child care association which filters information down to the local associations—of which there are 42 in the State of Connecticut, and we cover 32 of them—we filter information down to them that the State does not have the money to filter to them. If they change regulations, they do not do mass mailings; we give that information out.

The professionalism issue—we cannot even get the State of Connecticut to come up with a way that we can have mandatory training to be able to administer medication as a family child care provider, because they cannot get the law passed to change the regulations. They are working on it. They are getting it moving. They had difficulty with the pediatricians. They had difficulty with a group that did not think that child care providers in home settings should be able to administer any kind of medication. But if I went to work at a center, and I took the same training, I would be allowed to administer medication. But because I am a family home day care provider, I am a babysitter, and I do not have the knowledge to be able to do it.

So that when we talk about professionalism and we talk about the training aspect, I think that if you do not in this bill make it mandatory for States to recognize family child care providers as a profession, it is not going to change. You have got to make training mandatory. You have got to start out with a small base and say first aid/CPR, 15 hours of training yearly. It must be mandatory.

Yes, there will be providers who are going to tell you they are not going to do that. Well, if they are not going to do that, they should not be doing child care to begin with. I am a child care provider, and I am telling you they should not be doing it.

I guess I cannot say enough about the training part of it. We do not get the training dollars; the block grant money does not filter down to the home family child care providers. It does not filter down to the local associations. Associations call me and ask me where they can get free training because they only have 42 members, or 22 members, and they have to sell candybars and do their own fundraisers to pay for training because no dollars come down to them for training.

My association, CACHCAN, does a yearly conference, a 2-day conference where we invite home providers and centers to come in, and they get training in everything from mentoring project, which I will talk about in a minute, to first aid/CPR to knowing what ages and stages are and how to deal with infants.

There is no money that comes to us. We try to get some moneys through some insurance companies who sometimes donate moneys. In the past we got moneys, years ago, when our department was under DHR. We raise our own moneys the same way. We sell raffle tickets, we do all kinds of things to raise money to support the training that is not there otherwise.

It is a crime because here we are talking about the same thing. We are all saying the same thing. Training is important. We need training dollars, and we need to make sure that the block grant money goes to the right places—not just to the groups that are already in position, that are taking the moneys and doing some

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training or dealing with the high-risk families, which is important, but I am not a high-risk family, so there are certain training that I am not going to be able to take advantage of. The training that we want are monthly training or yearly training. I guess I cannot say enough about that and the technical assistance that is gone.

In the State of Connecticut right now, regulatory is the big issue. Children have been killed, whether in relative care or in family child care. Right now, their biggest issue is regulatory. That is where they are pushing. They do not provide technical assistance at all.

So that as a family child care provider, if I go into the business of doing family child care, I send for my application, I fill out my application, and I start my business, there is no technical assistance. No one comes and asks, Can we help you? There are licensers who will try to give you some information, but they are not supposed to be giving technical assistance.

I was a lucky child care provider. I got involved in my local association, and then I met or started going with the State association. I was one of the lucky providers. There are many who are isolated, who either do not find out about the local associations or feel very frightened or fearful of becoming involved with the local association because they do not know what they are about.

One of the things we do with our State association is a mentoring project, which we have had for the past few years. For the last 2 years, we have actually had a grant to keep us going until the end of the money. We provide technical assistance for new, licensed child care providers with providers who have been in business for at least 3 years, who meet training component needs, who have to attend training and have to be able to guarantee that they will give a year to the program and go out and do technical assistance with new child care providers. We introduce them to their proteges. We let them work with the proteges for a year. They go to training together. The mentors are their technical assistance. If I am a new child care provider, I can call my mentor and ask for help or information, and my mentor finds the information and goes on from there.

This is something that we worked on and put together. It came from the Capital Community Regional Council in Connecticut, and we went with it from there. Once again, we have to fight to get moneys to be able to support it. We are a statewide group, so that when we go to the insurance companies or to whomever and ask for money, they want to know what area in Connecticut we cover. We cover the whole State. Well, that is not good enough for them, because they want to be centrally located. They want to know that you are covering their home town of Manchester or Hartford. We cover the whole State.

So when you talk about this bill, which is a great bill and has a lot of great pieces in it, you have to go back and educate not only the parents about what child care is about, but the States about the fact that we are professionals—we are not just doing this because we cannot get a real job in the real world; this is what we choose to do. We choose to work with families.

There are a lot of other things I would like to add—the welfare reform—but I would really like to answer questions if there are

any, because I was just astounded by some of the things that came up and the different things about small business and what we do and where we go.

We fight every day in Connecticut to get them to add regulations, and we are told that they cannot make the regulations that strong and that stringent because after all, you will go underground, and you will not be a licensed child care provider anymore. I think that that is just ridiculous, and I think this proves the point.

[The prepared statement of Ms. Behrmann follows:]

PREPARED STATEMENT OF LYNN E. BEHRMANN

My name is Lynn Behrmann. I am honored to be here today to speak on behalf of the family child care community. I have been a licensed family child care provider in the State of Connecticut for nine years.

I began my career in family child care with a high school diploma, not fully understanding what the business of child care was. I became involved with an organization known as Connecticut Family Day Care Association Network, Inc. (CFDCAN), which is a statewide nonprofit organization comprised of family child care associations. CFDCAN offers resources, education and technical assistance to encourage the improvement of the quality of child care in Connecticut.

My involvement with CFDCAN enabled me to locate an organization known as the Committee Renewal Team of Hartford, which afforded me the opportunity to attend the Hartford Technical College and achieve my Child Development Associate (CDA) Credential through the Council for Early Childhood Professional Recognition in Washington, DC. I have also pursued and achieved Accreditation from the National Association for Family Child Care.

Now in 1997, as president of Connecticut Family Day Care Association Network Inc., (CFDCAN), I have had the opportunity to work with the Department of Public Health, the agency who regulates and licenses child care providers in CT. In this capacity I work with local associations to bring them information on training and regulations. My position as President of CFDCAN has put me in a place where on a daily basis I hear what child care providers need in order to run their businesses, obtain technical assistance and comply with regulations, and has convinced me that as providers, we must take the initiative to pass along information that the state cannot due to lack of funds.

For many years, people have believed that anyone can provide child care. Many people still believe this today. After all, how hard can it be when you raised or are raising your own children, or did babysitting as a teen? However, if anyone could do this job, the turnover rate of providers would not be as great as it is. And more importantly, if this were true, the research data might be more positive regarding the health and safety of children in child care, school readiness and self esteem of children entering kindergarten.

Watching children and providing a quality program are two completely separate matters. A quality program helps children acquire the skills they need that allow them to learn and grown into mature, confident, productive and responsible adults. A number of people entering the business of family child care do not have the basis of knowledge that will allow them to build a quality program. Most states do not require competency tests or education in child development or training of any type that would enable an individual to safely care for children and operate a small business.

Working toward quality is a universal goal in the early care and education community. Regulation is a necessary, if not always pleasant part of the system. Yet not all states even require licensing or regulation. Over the past few years, federal dollars have been distributed to states to provide quality enhancements for child care. Some of these funds are also used to pay for salaries for licensors. However, as the number of individuals providing child care has increased, the individual case loads of those doing the licensing and regulation has also increased. Consequently, the technical assistance provided by these individuals has decreased and in many states is now non-existent.

States have also used these funds to help develop child care associations, resource libraries, training programs and mentoring projects. How do we get quality? Simply—education. Several years ago, the Connecticut Family Day Care Association Network, sold a button that said "the answer is education, not regulation". Knowledge and understanding allows an individual to implement a program that will pro-

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vide children with the components they need to succeed. However, whether a provider can find a means to acquire that knowledge is a separate issue.

No matter how many years a child care provider has been in business, the same questions are asked "Where can I go to find the training I need that is geared for family child care professionals?" and "How can I pay for it?" Many large training programs, associations, early childhood college credited courses afford you the opportunity to get some financial assistance or funding. But on a local or state level there is no place to attend a conference for 3 days and attend 4 to 8 workshops with other small business owners like yourself.

Mentoring is one approach toward improving the quality of child care. There is a need for mentoring because of provider isolation, lack of training opportunities, turnover and burnout (which seems to occur at the 18th month mark). In Connecticut we have the Family Child Care Mentor Project, which matches trained mentors to licensed family child care providers so they may provide them with one-on-one training, technical assistance and support. This Project helps providers learn the skills they need to make child care a career, reduce burnout and turnover, and increase the quality of care given in Connecticut. We are extremely aware of the need to provide support and training to family child care providers. Our Mentors are carefully selected from experienced family child care practitioners who meet a certain criteria and who are well acquainted with the resources available for training and support. Mentors provide basic training to proteges in the areas of: Child care; Activities/curriculum; Basic Business Skills; Child Development; Parent/provider Relations; and Health and Safety.

The need for one-on-one assistance to providers to reach a high level of quality care will only continue to grow. 1,350 new providers were licensed in Connecticut in 1993/94. Approximately this many left the profession during the same period, leaving 5,500 licensed providers in our state. We know that Welfare Reform will create a huge demand for child care. We expect that Welfare mothers will be recruited as family child care providers, which will give them the opportunity to become small business owners and provide an income. These individuals will need mentoring. Our goal is to train a minimum of 100 Mentors to assist the newly licensed providers to overcome the obstacles that prevent them from staying in child care. High turnover is a challenge in our profession for a variety of reasons, including poor business practices, stress, low income, etc. We feel the Connecticut Family Child Care Mentor Project can greatly change these statistics. We are concerned that the quality and consistency of care will be jeopardized if projects like this are not supported.

We all know the importance of early education and the need to stimulate the brain development of infants and toddlers through nurturing and allowing children to grow and learn. By promoting training and giving technical assistance and mentoring we can provide quality child care and growth for children. People who are truly nurturing caregivers will only benefit from training and involvement with local and state associations to better the care they give to children. Training opportunities lead to quality programs and self-worth. When the circle becomes complete we all benefit and our circle continues to grow. Training is an opportunity for the family child care provider to grow, share and bloom.

Our ideal child care system is one in which we can entrust our children to others and know that the lessons they learn will come back to enrich us. A safe, loving environment with room for growth in all aspects of childhood development gives every child a head start. Children are our future and by investing in them and the people who care for them, we invest in our community, nation, and world.

The CHAIRMAN. Thank you very much, and I thank all three of you.

I would like you to give us some guidance. We have opened up the whole vista of possibilities for trying to improve the care of children during their early, formative years. But we have to deal with the real world—that is, we have day care providers who are being paid minimum wage, we have large numbers of people with little or no training who are involved.

How do we try to establish some sort of priority. What is essential to ensure that the very basics are there. Then we can move on to the extras, where you have music and all sorts of enrichment activities? I would appreciate your comments.

Dr. Poole.

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Dr. POOLE. I think I would go back to some stuff that has already done, because why reinvent a lot of wheels. I think that "Caring for Our Children" standards and "Stepping Stones," which is a summation of it, that has already been done by the Academy of Pediatrics and Public Health—if we could institute these standards as minimum standards and ensure that States are following these, all the thoughts about States not having the right standards or quality or those kinds of things are things that professionals across the board have put together with lots of thought that would really be a wonderful thing to institute.

The CHAIRMAN. In the real world of minimum wage is this realistic?

Dr. POOLE. These are real world things like not having water too hot for children, how medication is dispensed and how it is supposed to be labeled—things that are minimally required for children to take care of themselves in a child care environment because they cannot take care of themselves. And if we cannot insist on minimum standards that people have looked at from a health and safety standpoint, then we are back to being in trouble. In the real world, we can institute this, and it should be.

The CHAIRMAN. And the cost of that kind of training should be relatively minimal. What can we do with our new technology, all the way from the home computer to interactive television and whatever else is developed in the future?

Dr. POOLE. I think that that is a wonderful thing. In our State, one of the difficulties is that you are not allowed to get credit for video training. I think we have got to get away from that kind of thought, but you do want to have some interaction.

This is already being put on the Web, so that anybody can get to it. The Academy of Pediatrics is redoing the Health and Day Care Manual. I am on the committee, and we are revising that. And we are doing that very much with CD-ROM and computers.

Now, as I say that, day care centers do not have computers; you and I have to have them in our office to exist, but they do not have computers. The higher-end centers do. So we have got to figure out how we can attack that. But there is no question that we have got to get the professionals back down to this level.

The "Healthy Child Care America" campaign is a wonderful campaign that the U.S. Department of Health and Education has looked at in connection with the Academy of Pediatrics. That helps train health providers back at the State level, to put State people who are already involved into training. I think that was one of the questions on the block grant money—where is it going—and we have got to somehow do that.

But the people are there, if we can mobilize and finance this without too much expense.

The CHAIRMAN. We have a provision in the bill to try to make access to computers more available.

Dr. POOLE. Oh, I am sorry.

The CHAIRMAN. Dr. Vandell.

Ms. VANDELL. Senator, I think there are four areas in which some floor standards are really needed, related to group size, child-adult ratio, caregiver education and caregiver training. When we talk about standards in those four areas, in many States—States

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vary widely in the levels that they have—family day care, what we also sometimes call child care homes in some States, particularly on the education and training side, there are no regulations.

If we were to talk about group size or ratio, to try to take care of six babies—or, in some States, the regulation would be eight babies—even with training and education is almost impossible, I think. And when we do observations in those settings to try to think of how challenging it is for families to take care of triplets, think about taking care of triplets times two on providers. But education and training is also necessary. I do not think just ratio or just group size alone is enough; that has got to go hand-in-hand with education and training.

Part of the pressure, I think, in terms of family day care is going to be that as education and training goes up, as the professionalism goes up, the money is also made according to how many children you take care of. So that kind of pressure, which we heard about in the testimony this morning, where people had children in other rooms, may be on many family day care providers, and I think that one of the challenges is going to be how to balance ratio and group size issues along with the training and education issues.

But we have got to have some minimal standards. We have guidelines out there from NAEYC and from other professional groups based on research, based on professional practice, that I think can help guide those decisions, and I think we really need to do it.

The CHAIRMAN. We have early intervention and identification programs, and pediatricians have been great at helping to identify children with special needs. Do we need training in that area to be able to identify kids, the ones with special needs who are not developing? Is that something which is important?

Dr. POOLE. Do you mean to find kids within the child care setting who are being delayed?

The CHAIRMAN. Yes.

Ms. BEHRMANN. Yes. You need home visits, and you need center visits. You need providers who can tap into people, if I am understanding you correctly. If I have a child with special needs, I need training to be able to take that child with special needs. I also need to know where I can get assistance for those parents with special needs.

The CHAIRMAN. I am talking about first locating. Do you need training among the child care providers themselves to understand, if a kid is doing this, that it is something that you ought to——

Ms. BEHRMANN. Yes.

The CHAIRMAN. Is that something which is doable?

Ms. VANDELL. Senator Jeffords, one of the things, actually, that Ms. Behrmann was talking about is a model that we have seen in Wisconsin as well. In Madison, WI, where I live, we have a group called Satellite Family Day Care that has been acting as a professionalization and a support for family day care providers, and at one of the yearly conferences that I attended as a speakers, one of the sessions dealt with identifying special needs children and helping to tie in with the Wayson Center, which is the resource in my community for dealing with special needs children.

There are supports that could be built in that are not expensive supports, that are networks that can make the family day care system work along with the center system. A lot of families, particularly with infants, are looking for family day care centers as well as center settings, and we need to be finding some way to support both parts of the day care system.

Ms. BEHRMANN. And it comes back to that family day care providers need to know that if they call their board of education and want to have someone come in to evaluate children with the parents permission, they should be able to do that.

Centers have much more ability to have a special ed teachers come in to do evaluations or to come in and do training for their staff people than I do. I have to find someone who is willing to go to someone who has only six children. Then, I have to be able to afford it if they want $35 or $50 to come in.

So there are all of these questions, and as a family child care provider, I want to provide the best quality I can. How do I do that on the money I am making and still be able to compete?

You talked about providers trying to make ends meet, and taking more children than they should be taking. I am sure it happens, and I know it happens in a lot of cases. I think there is a large number of us, though, who are professional enough to follow the guidelines because that is what we choose to do; and if there are people out there doing it, then I think the States have got to be strong enough not to pussyfoot around and say, "Oh, we caught you with eight children today or 12 children today; make it better, and it is okay"; or "We are going to suspend your license and then give it back to you." No. There should be no question. It should not be how many times can a parent turn me in as a provider with a child who has bruises, marks, scrapes, or being over capacity, and I can continue to provide child care. It comes back to the same thing: How do you provide quality care and assistance for your families and the children and pick up the ones who have special needs if you are not following the guidelines.

Dr. POOLE. Senator Jeffords, in North Carolina, I have instituted a program where we are going to have six grand rounds settings in different parts of the State that will show healthy growth and development for child care providers as well as some health issues for them. This would be something that the different academies and the "Healthy Child Care America" campaign, as well as the local health departments, can do with the people that they have, and people from both center-based and home-based can attend.

The problem is that if people do not understand the development of children—I saw a tremendously sad case last week of a child who had a particular enzyme missing in his brain which, if we had instituted earlier in life, we could have turned it around; and now, at age 3, because this new child care provider says he is not doing well, we find that his brain is fried, and he is gone and will never really be functional in his life.

If somebody early on could have picked up on what should have been done with this child—and you ask, well, what about the parent—the parent was the same way, just not educated, and did not know. I have seen corporate executives discuss child care arrangements and problems with their child with an 18-year-old provider,

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and they will take to heart what they say, because we as executives might not know what is going on, and these 18-year-olds do not understand.

Child care in this country has changed as to who is providing the care. It is not the mom who has raised three or four children. It is people right out of high school. The directors and the people who have gotten a good education, like Ms. Behrmann, are not the normal people who are providing the child care.

The CHAIRMAN. That is why I am asking these questions, because I am also trying to figure out where we go from here. We have all the sophisticated measurements now, which we have all seen dramatized. The size of the brain related to getting this kind of care or that kind of care. But where are we in the ability to be able to use that from a practical perspective to measure where a kid is?

Dr. POOLE. It is there. With training, we can put one computer, one line, and through the Internet have a wonderful program within that center if the money and the funds are available. Centers do not have the funds to go out and do that. Hopefully, you can do that kind of thing, but we have got to get the educational process out and some measure of whether they learned anything.

Once those caregivers—unlike a lot of what has been said, for people who are in caregiving, it is a calling. They are doing it for very little money, but they love it, and they want to learn. We have got to give them the opportunity. And I think that what is being shown is that there has not been the opportunity to learn.

In our city, there is a wonderful program through the technical schools to train child care providers, and some of the centers give scholarships. This program is from 3 to 5 in the afternoon. That is when they need to be with the children and be involved with the parents when they come to pick them up.

Ms. BEHRMANN. We do that all the time. I just want to add that the Internet is a great idea, but for child care providers in Connecticut, the Internet is not going to work for us, because most of them do not have access.

Dr. POOLE. Oh, he is going to get access.

Ms. BEHRMANN. Well, I do not see 4,000 of them being available. The weekend training that you spoke about is wonderful, because most of the training that goes on through the early childhood school systems is always done during the day, is always done after school from 3 to 6. And as a child care provider, to get there, I have to close down and send my families' children home, or hire someone who is licensed to come in and watch them; so that is not a really good choice.

When you talk about starting and training and where it should begin, ages and stages, first aid and CPR should be the first things in the first year. CPR and first aid should be before they start, but ages and stages should be what they have to have by the end of the first year.

I do not know what your ideas are on that, but I feel that that is a start if they do not have it prior to becoming licensed. There should be a minimum of 10 to 15 hours for your first year and so many more each year after that. You just do not get trained once. You do not take one class on special needs and walk out and know

everything about it. I take over 40 hours of training a year, not including going in and talking to providers and associations about issues, doing the reading, and talking to people like you here, talking to legislators in Connecticut about children, listening to other people talk about different books that they have written and different things they are talking about. It is not going to happen one time. It is going to be ongoing training every year. We can make it work as long as the States and you all will back us to do it, because the States will not do it alone.

The CHAIRMAN. Senator Dodd?

Senator DODD. Thank you, Mr. Chairman.

I thank all of you for your testimony. Ms. Behrmann, I thank you. It is always a source of pride for all of us here when someone from our State, a constituent, speaks as eloquently as you have and with such passion and conviction and knowledge about the issue.

To the two other witnesses, Dr. Poole, I cannot thank the Academy of Pediatrics enough for their efforts on behalf of so many legislative proposals that I have been involved in over the last number of years. They have just been fabulous—the family and medical leave legislation, the child care legislation. Without your support, we would not have succeeded in some of these legislative efforts. It was the endorsement and support and ideas that came from the Academy of Pediatrics that really, I think, carried the day; so I appreciate you being here.

Dr. Vandell, it is nice to see you. I just could not agree more with particularly your last statement. I am sorry that I have been in and out of the hearing, but I have read over your statements and your comments about the providers, and I agree that it is just not enough. We have got to have more education and training.

We just get hounded to death up here, and we are made to think that somehow this is the Federal Government or Government encroaching upon the parents' right to choose how to raise their children, and this is so fallacious and so wrong, but it has been such a successful argument for so many years for so many people, it is stunning to me. Part of it, frankly, is because these providers step forward; they are heard from. They come and they lobby very heavy at the State legislative levels across the country, as well as here.

Parents are not organized in a way to come and be heard, and the other providers who do a good job are less inclined to step forward and go after people in the same business, because there is a certain collegiality, I suppose, that argues against stepping forward and saying what you did, Ms. Behrmann. It was in your statement, and I heard you respond. If you cannot meet the standards, get out of the business.

Ms. BEHRMANN. Most of them, too, are working during the day when you all are meeting, so when you are working alone, it is difficult to be able to come out.

Senator DODD. Yes, I understand. But it is really true—we would not tolerate this in any other profession. If there were someone preparing the food that we eat who said, Oh, we are just not going to meet the standards; we do not think we ought to—there would be a collective outrage in the country. And yet here we are—the Chairman and I often hear rhetoric about kids and children. With

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the din of noise from people who care about children, when you try to do some of this stuff, it is just stunning to me what we face.

I have a couple of questions—and the chairman has asked some good ones here of you—that really go to the point that you raised earlier, Ms. Behrmann, and that is whether it is possible to be a small provider, a family provider—use whatever title you want—and economically meet reasonable standards and operate successfully. And your point is that it is possible. This is not impossible. It is foolishness when people come forward and say you are financially going to put me out of business if you require that I meet some basic standards.

Ms. BEHRMANN. It is feasible, but I am not saying it is going to be easy for all. Depending upon where you are in the country and even where you are in your own State, the rate that you can charge can fluctuate $50. I mean, you can get $80 a week, or you can get $140. And that is just in Connecticut. So that makes it difficult, especially if you are a single parent providing care at home, because you want to be there for your own young children, or whatever the issue is; that makes it hard.

There is money available for some training. I just think there should be more dollars. I think your bill covers a lot of that with the tax breaks and with the credits for education. That may be an incentive alone to be able to get more providers to take training. There are many who do. At the conference we hold every year, over 700 providers attend. They are not getting anything back for that. They do not get a little gold mark in their regulation book that says, oh, look, she went to a conference that weekend. They do it because they know they need the training and because they want to be there.

Senator DODD. Last weekend, I was home, and I was at a social function, a catered event in the New London area, and two of the women who were serving the meal pulled me aside. They told me they were child care providers—rather, they worked—one of them was actually Head Start. One of them had been there for 27 years and the other for 10 or 15. They love what they do. But they both work two or three jobs a week—they work at this catering operation on weekends; they work in a restaurant in the evenings, and they provide child care during the day. It is embarrassing to have someone have to hold down two or three jobs to be able to continue to be a child care worker or a Head Start worker. These people obviously love what they are doing and care about it very, very much.

I often have this recurring nightmare, with all due respect, when I hear the salaries that some boxers get just for showing up in a ring, or when I hear what some baseball player or a coach is going to get paid. I have this recurring nightmare that it is 1,000 years from now, and I am being put on the witness stand before a jury that will judge what our priorities were as a civilization, and I am asked to explain to this jury how it was that a society that was so sophisticated, so well-educated, and could do so many things so well, and yet, when it came down to dealing with its children, where it was willing to place its value, if you will.

And here, I have a woman serving shrimp dip at 10 o'clock on a Saturday night to make a few extra bucks in tips so that on Monday morning, she can go back and be a child care worker. And she

is not working as a waitress because she loves being a waitress. I can tell you that. She is doing it because that is the only way she makes it economically. And she is not looking for some multi-million-dollar, single-year contract.

We have got to make some pretty tough decisions around here. Here and in capitals around the country in States and localities, if you are going to move people from welfare to work—and the chairman and I endorse that and support it; I am all for it—but if you are going to do it, you cannot leave these children in the street. And it is expensive to do it right, and I think there is value in having people go to work, but there is a cost associated with it, and until people are able to pick up that cost, if we expect to succeed in this in the long run, not only in putting that person to work but in keeping that family in sound shape, we are going to have to make those investments. And if we do not do it, it is going to be an abysmal failure.

And on the notion of this early childhood development stuff, there is no excuse any longer. All the information is there now about what pediatricians knew and I think parents knew instinctively about zero to 3, and the importance of those early years. I have often told audiences back home to go out and look at the Milky Way on a starry night. There are more synapses than there are all the start in the Milky Way in those first 36 months of a childs life—one thousand trillion synapses. And we must use it or lose it, because if you do not use them, you lose them; and once they are gone, they are not recoverable. So in those first 36 months, if you do not have the right environment—not just water and heat and so forth, but also some nurturing that is going to allow that child to develop properly—then all the other problems associated with the loss of that nurturing occur.

I mean, here we are with these tax bills, and we are putting all this money into Hope Scholarships and this scholarship and that scholarship program. But with all due respect, if you had to choose about where to put resource allocation, we have got it on the wrong end. I mean, I would like to do both, but if you cannot do both, where is the priority? The priority ought to be zero to 3. That is where we ought to have Hope Scholarships and so on and put those resources. If you do that right, the other end needs help and support, but it becomes a much more solvable problem.

So I am very pleased with your testimony, and the chairman and I will introduce in our bill, and we will need your help to beat the drum for us to try to get people to pay attention and see if we can get some support. So I thank you.

Dr. POOLE. Senator Dodd, one thing I want to say is that if you took a child care center with 40 staff, and you added one dollar per hour, that is an $80,000 fee to that child care center. So we have got to think more than just is it back on a child care center or the in-home. We have got to think of ways to earn respect so that, be it a star system where you have done this and this and this, and you can put out on your doorstep that you are gold, silver or bronze, that you have had this education, that you have done this and that—but I really implore you to look at other ways of positively affecting these people as well as ways of giving them training. We have got to make them want to get it, and we have got

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to give them notoriety when they have gotten it, and teach these parents that it is a good thing.

Senator DODD. Yes. One of the things we talked about earlier is model statutes. Senator Hatch and I—were trying to find any way to get some standards into those early child care bills and model statutes for States to look at where we have taken the best ideas from around the country—and we did this back in the mid-eighties, before the Internet. But today I think it might be of help. And by the way, in Connecticut, with UTC, we are going to be 80 percent wired in the State of Connecticut, all of our elementary schools, high schools, and public libraries in the State.

And I grant you 4,000 is a lot of child care providers to try to—and I did not realize there were that many in my State; that is a lot——

Ms. BEHRMANN. Four thousand seven hundred and ninety-five.

Senator DODD. OK. But if there were a way through incentive programs that we might be able to start to wire these places as well, it could make a difference in some ways as far as access. The bill that we have in does provide some resources for that to happen, and again, some good public-private partnerships might really help that along. So thank you for that idea.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you all very much for very helpful testimony.

Now, we will go back to Panel 2. I will say it is not at all bad to receive the testimony in that order, because we have available to us now, on the one hand, Ted Childs who is vice president for global workforce diversity at IBM Corporation, from North Terrytown, NY. Mr. Childs is deeply involved in trying to make sure that businesses, especially a corporation like IBM, recognize the importance of these things, know about what they are doing and how effective it is.

We also have someone who is operating at the State level. William Waldman, commissioner of the New Jersey Department of Human Services, is involved in that State's child care system and can talk about how States can cope and what they can do to help us get into a much better position with respect to taking care of the needs of children in child care settings.

Mr. Childs, why don't you start?

STATEMENTS OF J.T. (TED) CHILDS, VICE PRESIDENT FOR GLOBAL WORKFORCE DIVERSITY, IBM CORPORATION, NORTH TARRYTOWN, NY; AND WILLIAM WALDMAN, COMMISSIONER, NEW JERSEY DEPARTMENT OF HUMAN SERVICES, TRENTON, NJ

Mr. CHILDS. Thank you, Mr. Chairman.

I am responsible for global workforce diversity for IBM, and I would like to say at the outset that I and my associates share in the pain and grief that Mr. and Mrs. Fiedelholtz have and are continuing to experience. And on the face of the facts and circumstances of their testimony, it is sobering for us to contemplate that this kind of situation could happen in other child care settings where quality standards are not complied with.

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I think this is a clear example of why the States need to have high-quality standards and enforce them, to ensure that tragedies of this nature do not happen again.

I want to thank you for the opportunity to appear before you today to describe what IBM has been doing to help make child care available where our employees live and the collaborative effort that we and 21 other companies have been involved in for the last 5 years. I will discuss this program, which is called the American Business Collaboration for Quality Dependent Care, in more detail in my testimony, but let me begin by sharing IBM's experience.

IBM has long been recognized for addressing our employees' personal issues and needs and providing them with benefits that will enable them to come to work and be productive, which is why we are in business.

At the end of the seventies, we realized that a major demographic shift had begun in this country and that more women were entering the workforce and staying there. This change raised a number of significant issues that IBM would have to address. They include the following: more dual-income couples, children of these couples needing care, more single parents in the workforce, and flexibility and child care were major demands.

One way that IBM responded to these issues was to create the first national child care referral service to help employees with their child care needs. This service provided a toll-free number that any employee could call to get assistance. By calling that number, they would be put in touch with a local organization which could educate them about quality child care, help them identify the kind of care they preferred, and provide them with the names of local providers of that care.

In 1989, after providing the child care referral services for IBM employees for 5 years, we began to hear from employees that there were significant gaps in the dependent care infrastructure and that there was a need for more to be done for employees to come to work and to be effective at work.

Based on this employee input, IBM created the Funds for Dependent Care Initiatives. This fund had $25 million for the years 1990 to 1994, which were devoted to improving the quality and increasing the supply of child and elder care programs in the communities where our employees live and work.

In 1995, we replenished the funds with $50 million for the years 1995 through 2000. This was put in place to reach more communities and to address the needs in some of the original 57 communities that had not been met. The 57 communities were the ones that we focused on during the first 5 years.

In the projects funded by IBM, we have a special requirement that any participating child care center is contractually obligated to meet, or begin work toward meeting, the accreditation requirements set forth by the National Association for the Education of Young Children, or NAEYC.

The NAEYC standards call for, among other things, compliance with specific staff/child ratios, training requirements, and specific curriculum guidelines. The NAEYC conducts onsite inspections of centers prior to accreditation. These centers must then be reaccredited every 3 years. IBM has also funded accreditation projects in

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21 communities that bring 20 child care centers together and provide them with guidance about how to go about the accreditation process.

IBM provides funding for the training of child care providers, child care center directors and staff. This training is designed to move these centers to meet the accreditation requirements and includes training on curriculum, health and *safety, and business* management.

In order to improve the services offered at centers, IBM provides computers to be used in the classroom of the child care centers. These are the latest technology, loaded with age-appropriate software for use by the children enrolled. Any center receiving funding from IBM will have a contractual relationship with our dependent care vendor, Work/Family Directions, a nationally-recognized dependent care consultant who monitors the centers, provides technical assistance and provides periodic reports from them.

Since this child care resource and referral program began in 1984, over 100,000 IBM employees have used the service to find care for their children.

Now, partnering with others. Our experience with the development of these earlier projects, using funding through the funds, led IBM to recognize that one company cannot solve all of the child care needs of its employees and that by partnering with other companies, we can share the costs of large projects and increase the availability of the kinds of services our employees were looking for.

There are two examples that I would like to share with you that represent collaboration activities. In Katonah, NY, IBM and Pepsi provided funding to help the Country Children's Center to relocate to a new facility. By doing this, the center was able to consolidate its existing programs into fewer locations and provide a more complete service to parents. The center, now located in a residential area, was able to provide services for infants through preschool-age children as well as for school-age children during the summer.

In Charlotte, NC, a child care center was built with funding for four companies that all had major facilities in Charlotte and who all had employee needs to address. IBM, Allstate, Duke Power and American Express provided funding for a new, state-of-the-art child care center that served the communities in which our employees lived.

Why is quality child care a good investment? IBM's referral service and the Funds for Dependent Care Initiatives are critical in addressing the needs of our employees. We continue to sponsor these programs because they help our employees meet their personal responsibilities while being productive and effective at work. Recruitment, retention and advancement of women have been greatly enhanced as a result of these programs. The percentage of women at IBM is at its highest level in the history of the company. IBM has also had the highest number of women senior managers and women executives.

I will just deviate for a moment to tell you that when we began these programs, our representation of women executives was 2 percent of our executive population. Today, it is 17 percent. We believe that these programs have helped to create the kind of a workplace where women can aspire to be executives, recognizing that it is im-

portant to them that we provide a facility for them to be executive but also have family lives.

These programs help not only our women employees but all employees who have dependent care issues or challenges in balancing work and personal responsibilities. These programs have been instrumental in helping IBM Corporation executive the change in culture it needs in order for it to be profitable in the current economic environment.

I will deviate again, Senator, to tell you that in our most recent work/life survey in 1996, for the first time in three surveys, more men than women indicated that they have trouble balancing their work and personal obligations. So this is a people issue, a family issue; it is not a women's issue.

As a company, IBM believes that funding the development of child care resources is a good investment for a number of reasons. Our employees want good quality care for their children, and greater choice of care goes a long way toward easing their minds and enabling them to concentrate and be more productive at work. And as important, we believe that stimulating the supply of quality child care is an integral part of our company's commitment to education, and we believe it is essential to educating the workforce of tomorrow.

Now about the American Business Collaboration for Quality Dependent Care. Through our experience in helping to make child care more available in communities where our employees live and work, in the late eighties, we realized that we would not be able to do enough without partnering with other companies that shared our interest. With this in mind, IBM hosted a meeting in 1991 and invited 41 companies to participate and discuss partnerships on dependent care programs. Following that meeting, the following results evolved.

Eleven champion companies emerged as the project leadership. Our theme would be "Doing Together What None of Us Can Afford to Do Alone." The name of the project would be the American Business Collaboration for Quality Dependent Care, or what has become known as ABC.

The involvement of local companies was important, and the project would seek adherence to NAEYC standards by the funded providers. The champion companies also decided that the Collaboration would issue a challenge to get 25 companies or organizations to invest $25 million in 25 communities. Nationally, this became known as "the 25-25-25 challenge."

In September of 1992, the champion companies announced that they had investments from 137 companies and organizations and that they would invest $25.4 million in 44 communities. By 1994, the investments had grown to $27 million, 156 companies and organizations had become involved, and 355 projects had been developed in 45 communities to assist collaborators' employees. IBM was the only company to support projects in all 45 communities.

Even with this investment and the benefits that resulted, employees of the ABC champion companies were still having trouble meeting their dependent care needs. There was still more to be done. More communities needed to be reached, and additional projects were needed to reach the quality goals we had established.

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The champions agreed to continue this collaboration until at least the year 2000.

With long-range plan for the champions, the following goals were established: Increase the number of champion companies, establish a 6-year goal of investing an additional $100 million, develop national model projects, increase the number of communities reached, and continue the theme and the commitment to quality.

Today, the ABC project is on target to invest the $100 million that has been committed, and it hopes to exceed that goal. The number of champion companies has increased from 11 to 22, and the project is still talking with other companies about becoming champions. It has reached many new communities, many that do not have major ABC company installations or employees in their communities. The championship models will be used to reach many more communities.

One example of a championship model program is the Bridge Project, a voice-massaging system for schools. Specifically, the Bridge Project allows teachers and school administrators to develop customized messages about homework assignments and school activities which can be accessed by parents at any time of the day. This is a real plus for working parents. The Bridge Project has been installed in over 100 schools in 10 communities.

In the planning for the second phase of the ABC, our companies looked at what had been learned from their experience during the first 2 years and included the following. When better quality care is available, parents will pay for it; child care centers required thoughtful planning and implementation; local involvement helps ensure success, and care for school-age children has been overlooked and needs attention.

One recent project which ABC partners are deeply involved in is called the "I Am Your Child" national campaign. All of ABC's 22 companies have provided funding to ensure that materials from this campaign will be sent to the child care providers who have received funding in the past through ABC-funded programs.

In addition, IBM and Price Waterhouse are funding the development and distribution of a CD-ROM for parents of children age zero to 3. This program will provide information about the new brain research, information about childhood development in the first 3 years of life, and answers to parents most frequently asked questions. This is being developed using an interactive approach that includes text, expert advice, and references to other resources. IBM will be providing the CD-ROM free of charge to all of our employees who want one. Included with this will be copies of the parent video and Newsweek special edition funded by Johnson & Johnson, and the parent brochure funded by AT&T.

In closing, I would like to leave you with some recommendations that have evolved as a result of IBM's experience with addressing our employees' child care needs that may be helpful to you as you go forward in the debate on child care in the United States.

First, as you are doing, Congress should speak with experts in the child care field to fully understand the issues from the parent standpoint, the employer standpoint and the provider standpoint. The broader implications of providing adequate child care in suc-

cessfully preparing kids for school and making welfare reform work are examples to be considered.

Second, training for child care workers is critical. This should include training on issues such as developmental education, health and safety, business management, and customer orientation. College-level courses in early childhood education should be offered to help raise the professionalism of this field.

Third, Congress should encourage the States to adopt high standards for child care, such as child care ratios for children/teachers, curriculum requirements, training for teachers, and NAEYC accreditation standards.

Fourth and finally, employers like IBM continually adjust our policies and programs to meet the needs of today's working parents. One way we do this is by work/life surveys to get data on what our employees' needs are to be more productive in the workplace.

Congress should attempt to address or prevent impediments in the law to crafting responsive child care programs and flexible work arrangements. For example, it makes sense that companies should be able to form teams to work with employers to design flextime or part-time schedules for working parents, or to work on a new child care center. As hard as it may be to believe, the law now says that cooperation like this cannot be done in corporations like IBM. We need legislation like the TEAM Act, and we thank you for your work in trying to help us achieve that.

Thank you very much.

The CHAIRMAN. Thank you, and I understand you contracted the flu along the way, and I appreciate very much you suffering through with us. It was very, very helpful testimony, and I will come back for questions.

[The prepared statement of Mr. Childs follows:]

PREPARED STATEMENT OF TED CHILDS, JR.

Mr. Chairman and members of the committee, my name is Ted Childs, Jr, and I am responsible for Global Workforce Diversity for the IBM Corporation. I want to thank you for the opportunity to appear before you today to describe what we at IBM have been doing to help make child care available where our employees live, and the collaborative effort we and 21 other companies have been involved in for the last five years. I will discuss this program, which is called the American Business Collaboration for Quality Dependent Care (ABC), in more detail later in my testimony. Let me begin, however, by sharing IBMs experience with you.

IBM Experince

IBM has long been recognized for addressing our employees' personal issues and needs and providing them with benefits that will enable them to come to work and be productive. IBM was one of the first companies in the 1930s to offer employees paid vacation plans and retirement benefits. We began offering employees medical benefits in the 1940s and have offered leaves of absence since the fifties. We have also been leaders in recruiting and maintaining a diverse workforce, from hiring our first disabled employee in 1914, hiring women in professional positions in 1935 (with a written commitment of equal pay for the same tasks), and hiring our first African-American salespersons in the 1940s. In addition to our Human Resources Programs, IBM has had a corporate commitment to education which we have supported for many years. In 1944, IBM was the first corporation to provide support to the United Negro College Fund In 1994, we announced our "Reinventing Education" program which was started with a $25 million grant in ten cities.

IBM has been recognized for our innovative and effective worklife programs by Working Mother Magazine as part of its "Best Companies for Working Mothers" list. IBM is the only company that has appeared on Working Mother's "Best Companies" list the eleven years that they have compiled this and on the Top 10 list of compa-

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nies all nine years that they have offered this designation. IBM Chairman and Chief Executive Officer Louis V. Gerstner, Jr., was recognized by Working Mother as the "Family Champion" in 1995. In February 1997, Working Mother listed the 25 Most Influential Working Mothers and IBM General Manager Linda Sanford was so designated. Also recognized was Cathy Black of Hearst Magazines, a member of the IBM Board of Directors, and Fran Rodgers, Founder and CEO of Work/Family Directions, IBM's dependent care consultant.

At the end of the 1970s, IBM realized that a major demographic shift had begun in this country, and that more women were entering the workforce and staying there. This change raised a number of significant issues that corporate America would have to address. They include the following:

—More dual-income couples;
—Children of these couples needed care;
—More single parents in the workforce; and
—Flexibility and child care were major demands

One way IBM responded to these issues was to offer employees flexibility in their work hours. For instance, initially we allowed our employees to adjust the start and stop time of their work day by thirty minutes and still work an eight-hour day. Since this worked well, IBM later increased it to two hours.

In addition, the company created the first national child care referral service to help employees with their child care needs. This service provided a toll-free number that any employee could call to get assistance. By calling that number, they would be put in touch with a local organization which could educate them about quality child care, help them identify the type of care they preferred, and provide them with names of local providers of that type of care.

In 1989, after providing the child care referral service for IBM employees for five years, the corporation began to hear from employees that there were significant gaps in the dependent care infrastructure, and that more was needed to be done for employees to come to work and be effective there. Based on this employee input, IBM created the Funds for Dependent Care Initiatives (FDCI). This fund had $25 million dollars for the years 1990–94, which were devoted to improving the quality and increasing the supply of Child and Elder Care programs in the communities where IBM employees live and work.

Over 500 projects were funded in the first five years of the FDCI program. Some examples of these include child care centers, family child care recruitment, summer camps, provider training, and adult day care.

In 1995, IBM replenished the FDCI at the rate of $50 million for the years 1995–2000. This was put in place to reach more communities and to address the needs in some of the original communities that had not been met. Between 1990–94, IBM invested in 57 communities. The company provided funding for child care center development or expansion in 27 communities and funding for child care training and accreditation in 36 communities.

In the projects funded by IBM, we have a special requirement that any participating child care center is contractually obligated to meet, or begin work toward meeting, the accreditation requirements set forth by the National Association for the Education of Young Children (NAEYC). The NAEYC standards call for, among other things, compliance with specific staff/child ratios, training requirements and specific curriculum guidelines. The NBC conducts on-site inspections of centers prior to accreditation. These centers must then be re-accredited every three years. IBM has also funded accreditation projects in 21 communities that bring 20 child care centers together and provide them with guidance about how to go about the accreditation process. IBM provides funding for the training of child care providers, child care center directors and staff. This training is designed to move these centers to meet the accreditation requirements and includes training on curriculum, health and safety and business management.

In order to improve the services offers at centers, IBM provides computers to be used in the classroom of the child care centers. These are the latest technology loaded with age-appropriate software for use by the children enrolled. Any center receiving funding from IBM will have a contractual relationship with our dependent care vendor, Work/Family Directions, a nationally recognized dependent care consultant who monitors the centers and receives periodic reports from them. This organization has employees qualified to deal with any quality, business management and customer relations issues that the centers may have to handle. The centers also receive technical assistance from Work/Family Directions as part of this relationship.

Where there was insufficient child care in a community, efforts were made to increase the supply. Since this child care resource and referral prod began in 1984, over 100,000 IBM employees have used these services. Over the years, this service has expanded to address additional employee needs such as adoption assistance,

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school achievement, and college selection. An Elder Care Consultation and Referral Service was also created on this same model and offered to employees in 1988.

The child and elder care referral services are managed by Work/Family Directions, Inc. This is the company that was created by IBM to deliver these services to our employees. Work/Family Directions, with annual revenue of $65 million, was founded and is owned by a woman, Fran Rodgers, and serves over 200 clients besides IBM, serving over 3 million employees IBM leadership in creating this service for our employees has thus benefited may more companies and employees.

Partnering with Others

Our experience with the development of these earlier projects, using funding through the FDCI, lead IBM to recognize that one company cannot solve all of the child care needs of its employees. However, there are may communities that have numerous employers whose employees have similar child care needs, and by partnering with them, we could share the costs for large projects and increase the availability of the kind of services our employees were looking for.

Two examples demonstrated to IBM that it could do more when it collaborated with others. In Katonah, New York, IBM and Pepsi provided funding to help the Country Children's Center relocate to a new facility. By doing this, the center was able to consolidate its existing programs into fewer locations and provide a more complete service to parents. The center, now located in a residential area, was able to provide child care services for infants through preschool-age children, as Bell as for school-aged children during the summer.

In Charlotte, North Carolina, a new child care center was built with funding from four companies that had major facilities in Charlotte and who all had employee needs to address. IBM, Allstate, Luke Power and America Express provided funding for a new state-of-the-art child care center that served the communities in which our employees lived.

These examples demonstrate that companies can work together to address a common issue, and that it can be done in a cost-effective way that meets all the companies' needs. Through collaboration, new improved facilities were created that benefited the companies as well as the general public, at a cost that each company could justify and that was much less than if those companies tried to create these programs on their own.

Why Quality Child Care Is A Good Investment

IBM's referral service and the Funds for Dependent Care Initiatives (FDCI) are critical in addressing the needs of its employees. We continue to sponsor these programs because they help our employees meet their personal responsibilities while being productive and effective at work Recruitment, retention and advancement of women have been greatly enhanced as a result of these programs. The percentage of women at IBM is at its highest level in the history of the company. IBM also has its highest level number of women senior managers and women executives.

However, these programs help not only our women employees but all employees who have dependent care issues or challenges in balancing work ad personal responsibilities. These programs have been instrumental in helping the IBM Corporation execute the change in culture it needs in order for it to be profitable in the current economic environment.

As a company, IBM believes that funding development of child care resources is a good investment for a number of reasons. Our employees want good quality care for their children, and greater choice of care goes a long way toward easing their minds and enabling them to concentrate and be more productive at work. And as important, we believe that stimulating the supply of quality child care is an integral part of our company's commitment to education, and we believe it is essential to educating the workforce of tomorrow.

We are committed to the use of technology to provide quality child care. For example, IBM is involved in a partnership to market a product called "I SEE YOU." This product allows an employee to view their child at day care through the Internet When this system is installed in a child care center, a parent can access a secure Internet location that allows them to see what their child is doing and be able to participate in the activities that their child is experiencing, even though the parent is at work. The parent will be able to look at still photos of their child's classroom that are updated every 30 seconds.

American Business Collaboration for Quality Dependent Care (ABC)

Through our experience in helping make child care more available in communities where our employees live and work in the late 1980s, we quickly realized that we would not be able to do enough without partnering with other companies and organizations who shared our same interest.

With this in mind, IBM hosted a meeting in 1991 and invited 40 companies to participate and discuss partnerships on dependent care programs. As a result of

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that meeting, they agreed on the following: Eleven Champion companies would participate in the project; its theme would be "Doing together what none of us Can afford to do alone;" the name for the project would be the America Business Collaboration for Quality Dependent Care (ABC); the involvement of local companies/organizations was important; and the project would seek adherence to National Association for the Education of Young Children (NAEYC) standards by the funded providers. The Champion companies also decided that the collaboration would issue a challenge to get 25 companies/organizations to invest $25 million in 25 communities. We called this the "25/25/25 Challenge."

In September 1992, the Champion companies announced that they had investments from 137 companies/organizations, and that it would invest $25.4 million in 44 communities. By 1994, the investments had grown to $27 million, 156 companies/organizations had become involved, and 355 projects had been developed in 45 communities to assist collaborators' employees. IBM was also the only company to support projects in all 45 communities where the American Business Collaboration invested in projects between the years 1992–94.

Even with this investment and the benefits that resulted, employees of the ABC Champion companies were still having trouble meeting their dependent care needs. There was still more to be done. More communities needed to be reached, and additional projects were needed to reach the quality goals we had established. The Champions agreed to continue this collaboration until at least the year 2000. With a long-range plan for the Champions, the following goals were established:

—Increase the number of national companies (Champions);
—Establish a 6-year goal of investing $100 million (1995–2000);
—Develop national "model projects" (Championship models);
—Increase the number of communities reached; and
—Continue the theme and the attention to quality.

Today, the ABC project is on target to invest the $100 million, and it hopes to exceed that goal. The number of Champion companies has increased from 11 to 22, and the project is still talking with other companies who may be interested in joining at the Champion level. It has reached many new communities, may that do not have major ABC company installations or employees. The Championship models will be used to reach may more communities.

One example of the Championship model program is the Bridge Project; a voice messaging system for schools. Specifically, the Bridge Project allows teachers and school administrators to develop customized messages about homework assignments and school activities which can be accessed by parents at any time of the day. This is a real plus for working parents. The Bridge Project has been installed in over 100 schools in 10 communities. They include Charlotte, North Carolina; Naperville, Illinois; Prince William County, Virginia; San Jose, California; Yonkers, New York; Poughkeepsie, New York; Bridgewater, New Jersey; Cobb County, Georgia; Roseville, California; and Stamford, Connecticut.

In the planning for the second phase of the ABC, for the years 1995–2000, our companies looked at what had been learned from their experience during the first two years and concluded the following:

—When better quality care is available, parents will pay for it;
—Child care centers require thoughtful planning and implementation;
—Local involvement helps ensure success; and
—Care for school-age children has been overlooked and needs attention.

One recent project which ABC partners are deeply involved in and is particularly close to our hearts is called the "I Am Your Child" national campaign. All of ABC's 22 champion companies have provided funding to ensure that materials from this campaign will be sent to the child care providers who have received funding in the past through ABC funded programs.

In addition, IBM and Price Waterhouse are funding the development and distribution of a CD-ROM for parents of children aged zero to 3 years. This program will provide information about the new brain research, information about childhood development in the first three years of life, and answers to parents' most frequently asked questions. This is being developed using an interactive approach that includes text, expert advice, and references to other resources. IBM will be providing this CD-ROM free of charge to all IBM employees who want one. Included with this will be copies of the parent video and the Newsweek special issue, funded by Johnson & Johnson, and the parent brochure funded by AT&T.

Recommendations

In closing, I would like to leave you with some thoughts and suggestions which have developed as a result of IBM's experience with addressing our employees' child care needs that may be helpful to you as you go forward in the debate on child care in the United States.

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1. As you are doing, Congress should speak with experts in the field of child care to fully understand the issues from the parent standpoint and employer standpoint and the provider standpoint. The broader implications of providing adequate child care—in successfully preparing kids for school and making welfare reform work, for example— must be considered.

2. Employers like IBM continually adjust our policies and programs to meet the needs of today's working parents. One way we do this is to use work/life surveys to get data on what our employees need to be more productive in the workplace. What we would like to do next is bring people together. Congress should attempt to address or prevent impediments in the law to crafting responsive child care *programs and* flexible work arrangements. For example, it makes sense that companies should be able to form teams to work with employers to design flextime, or part-time schedules for working parents, or to work on a new child care center. As hard as it is to believe, the law now says that cooperation like this can't be done in corporations like IBM We need legislation like the TEAM Act to address this issue. Another example lies in the area of wage-and-hour laws and the 1930s era Fair Labor Standards Act (FLSA)—while FLSA protections should be preserved, this committee has take good steps forward to modernize its provisions to address issues such as compensation time.

3. Training for child care workers is critical. This should include training on issues such as developmental education, health and safety, business management, and customer orientation. College-level courses in early childhood education should be offered to help raise the professionalism of this field.

4. Congress should encourage the States to adopt high standards for child care (child care ratios for children/teachers, curriculum requirements, training for teachers, NREYC accreditation standards, etc.).

Thank you for your time and consideration.

The CHAIRMAN. Mr. Waldman, please proceed.

Mr. WALDMAN. Mr. Chairman, I really deeply appreciate the opportunity to be here today and to talk a little bit about what New Jersey is doing. I serve as commissioner of the New Jersey Department of Human Services. We are the largest public agency in the State, and we have responsibility for financing child care, for regulating child care in our State, and we also operate welfare programs and Medicaid programs, mental health and developmental disability programs.

Let me say at the outset how much I would like to underscore some of your opening comments that I heard earlier this afternoon. We at the State level have come to realize that child care is no longer an amenity, it is no longer just a convenience; it is absolutely essentially. It is absolutely essential for us not just to meet the new mandates of welfare reform, but we also recognize, when I think of the scope and array of services that we provide, how important child care is for early intervention and prevention.

We think that investment in quality child care is an investment with many returns in many of the social problem areas that we serve. We have also recognized in the economic end that child care is an absolute necessity, and quality child care, to make us competitive in the national and global economies.

Recognizing those things, we also recognize that this is a time of very high growth in child care capacity; that this is a time where States like New Jersey will be reaching to expand capacity greatly. We also recognize that the economies and demographics of our State will challenge us in the area of capacity and supply. And I know there is a concern out there that States, in meeting the demands of welfare reform and meeting the demands of expanding supply, will somehow compromise or look aside on the issues of quality and regulation, and I wanted to be here today to say that that is not true; it is not true for our State. In fact, I believe it is

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just the opposite, that the flexibility that has been granted to the States and New Jersey as part of the child care block grants and part of the welfare reform law that Congress put into effect and the President signed, has really given us the creativity and the option to do some things to expand quality, to expand capacity, to expand supply in a responsible kind of way.

I would just like to underscore a few of the principles. The hour is late, and I am not going to read my testimony but will try to summarize it and give you the opportunity to ask some questions.

One of our principles that we have got to do child care not just for welfare reform, but we have got to think about all the populations and how we are going to serve them. We recognize that raising the threshold of eligibility for child care keeps people out of the welfare system in the first place, and good-quality child care does provide a good head start for children.

We have to also recognize, as we have in New Jersey, that families ultimately have the primary responsibility and ultimately should have the choice as to what child care they should choose.

One of the things that several previous speakers mentioned is terribly important. I am coming to believe that we in the States and others have a responsibility to provide parents with the education that they often need— All of us, regardless of socioeconomic status—as to how make good choices. Also, we have to do things to give parents real choice. Like many other States, we have gone to a voucher system so that parents on welfare, for example, would not just go to centers with other welfare recipients; when they were working, they would go to the same centers, using the same vouchers that their colleagues and coworkers use.

We also recognize—and this is important—that historically, through social service block grant funds and others, had funded centers in areas where the marketplace might not produce them, urban areas, for example. And we have a responsibility that we recognize in our State to maintain that infrastructure. While we give parents choice with vouchers, we know we have got to continue to support, and adequately support, so that quality can be achieved in those urban centers throughout the State, and we want to keep that commitment.

We have also recognized that we need to subsidize child care for some, and we need to set adequate rates to compensate centers fairly, and providers and home care providers as well, for what they do.

In terms of the rates, families are eligible in New Jersey if their gross income is below 200 percent of the Federal poverty level. Like many States, we try to focus in on where the greatest need is, at the lower end of the spectrum, but still make it available.

One thing I would say to you is that it is really important to involve some of the kinds of people at the State level who have come before your committee today and testified—pediatricians, providers and advocates. One of the things that has been successful in New Jersey is that we do not sit in the State capital and try to write regulations and enforce them based on what we think. We really try to have a public process, and I would underscore that, that is not dominated by providers but where providers give input—advocates, religious leaders and others—so that we can blend together

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what is practical and what is achievable and get there in a reasonable way. I think that that is a very important area.

In New Jersey, to give you an example, we license about 3,000 centers in the State. We actually fully finance through contracts about 200 in urban areas. And unlike other States, we have a voluntary system of family day care registration. But because we have worked hard at it, we have, unusually, over 4,000 registered homes, more than some States that actually mandate licensing requirements.

I just want to highlight some of the things that we have done this year and wrap up. This year, the Governor announced an exciting new initiative. Governor Whitman announced an $8.5 million initiative she calls, "Bright Beginnings." It is intended to expand the capacity and improve the quality of child care in New Jersey. I have also provided for collaborations among school districts, Head Start programs, child care providers.

I believe one of the things it will support is something I did not hear today that could be very helpful. I have found in my own career that there is great value in satelliting family day care providers with existing day care centers. We all want quality in these facilities, but if you are a single provider and you have five children, which the law would permit you to care for at home as a home care provider, for example, you do not have the opportunity a center has to have a community doctor come out and screen the children, to go on cultural trips and do other very positive things. So the idea of connecting up networks of family day care with centers is a really viable idea that some States in particular and we in New Jersey are pursuing.

"Bright Beginnings" will also further something in professional development that we have started in our State—an opportunity for people in child care to advance their education, to advance their training. A group of advocates and professionals have come together and recommended that we as a State form an institute, which we are working on, where people at all levels of the child care industry can come back and further and enhance their education in this area.

We just concluded a year-long process to enhance our child care system. I am sure you are aware, Mr. Chairman, that there have been lots of child care initiatives, and we like many States formed a new program every time there was an initiative. We had as many in similar counties as six different entities doing different things, like resource and referral, giving out vouchers, registering family day care homes. So we decided, with the opportunity of welfare reform and block grant, to pool it all together, and we said, no, there should only be one administrative entity. We want money spent on quality and on capacity, not on administration, and we just did that.

Something really interesting, and a really important connection here. With the Governor, we had some lengthy litigation about educational funding and equity in our State, and the proposal that the Governor approved, that recently got funded, set aside—this is very significant—well over quarter of a billion dollars, $288 million, for the schools, but it was specifically earmarked for early childhood education and development, so that school districts, instead of half-

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day kindergartens, can have full-day kindergartens, so that school districts can partner with community agencies and start quality preschool-type programs as well. That has been a very big investment for our State.

A couple of other things. We are delighted with the Head Start expansion. It brought into New Jersey about $3.5 million. We have a good partnership with Head Start. They are an important part of the spectrum of care.

We had a couple of special events. The Advisory Council on Women of our General Assembly held public hearings. We have held public hearings, and the Woodrow Wilson School of Public Affairs at Princeton University has held a symposium, so I think we are really coming together to finalize three particular areas that are important.

One is the area of subsidies and rates. Our State spends and will be spending on welfare reform over $120 million a year. We will be doubling our investment in child care. We in New Jersey particularly think the important part—and Senator Dodd was referencing it—is that we will not ask people to go to work as a part of welfare reform unless and until we are able to provide them with quality child care support so they know that while they are working or training, their children will be safe. And it does cost some resources, and we have had to redirect moneys that we formerly spent on administration and other areas to support those resources. Subsidies are terribly important.

As I mentioned, we have increased the idea of subsidization, to make it higher, so that child care can be a preventive to getting on welfare, and we have continued a commitment to our two-tier system of predominantly vouchers, but also maintaining that infrastructure of predominantly urban-based centers that I mentioned.

There are a few areas where we know we have got to go further, and I will close on this. One is the issue of reimbursement rates to existing providers. If we do not compensate them sufficiently, we know that the quality is not going to be there. There is a balance.

Second, we have got to go further in subsidy. Having good child care is a very important part of welfare reform.

And third, we as a State I believe are somewhat nationally recognized for the quality of our standards, but we have got to figure out ways to improve enforcement and thereby improve quality, and improve regulation and oversight.

One thing I have to say about regulation and oversight—it is a big part of my job to do that with thousands of community-based organizations—is that there are several ways to do it, and a Federal law could promote what I think is a more enlightened way. We could play "Gotcha." I could put in armies of new inspectors to go out and do random inspections, but I do not think you would always get the same result that way as if you built a consensus in your provider and advocacy community that quality is important, so that the regulated community would feel comfortable in stepping forward to the regulators and saying, "I am having trouble meeting this standard. Can you help me do it?"

As we increase criminal penalties, as we increase standards, we should also try to create an environment that providers and advocates and professionals and Government can come together and

work together toward important, achievable goals. This is a terribly important area—I am going to wrap up and summarize—and I commend you and the committee for pursuing it, obviously with the passion that you are doing it.

This is our future. A big part of the future of our State is reflected in the children we are serving today in child care, through welfare reform and our other centers, and I commend you and the committee for working hard to improve the quality.

Thank you.

The CHAIRMAN. Thank you very much, Commissioner. That was very helpful.

[The prepared statement of Mr. Waldman follows:]

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Department of Human Services
State of New Jersey
Testimony for
William Waldman, Commissioner,
before the
Senate Committee on Labor and Human Resources
Dirksen Senate Office Building, Room SD-430
Thursday, July 17, 1997
2:00 p.m.

Good afternoon. Thank you for this opportunity to share current information about child care in New Jersey with the Senate Committee on Labor and Human Resources. We are proud of our accomplishments in this area.

I realize there is concern that with the rush to reform welfare the states may reduce the quality for child care.

That is not true in New Jersey. In fact it is just the opposite. The flexibility granted in the welfare and child care block grants has helped us fashion a new child care system that both expands child care and improves quality. The urgent need to place welfare recipients in jobs before their five year time limit expires has highlighted the importance of child care for them as well as for low income families not on welfare to prevent their dependence.

The State of New Jersey carries out its child care policies based on the following principles:

State policies for child care must address the needs of all families in the state, with an emphasis on families who have the greatest need in terms of ability to pay, child care program availability and special needs of the children. All children and families deserve basic information about how to locate and select child care programs that meet their needs.

Families have the primary responsibility for caring for their children and have the right to choose the caregiver they want for their children. The State has the responsibility to protect the safety and health of all children in child care programs.

The State will offer child care subsidies to eligible families based on family size and income. Families are eligible for a subsidy if their gross income is below 200% of the Federal Poverty Index. Below the 200% eligibility level, families at or below 150% will have first priority, those between 151% and 175% will have second priority, and those between 176% and 200% lowest priority. Families above 250% are not eligible.

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The State will support the current child care infrastructure by maintaining our child care contract system with 215 child care centers as well as a voucher system. The same eligibility requirements and reimbursement rates will apply to both contracts and to vouchers.

The State will work cooperatively with the community to establish child care policies. The State will promote the expansion of collaborative efforts among agencies responsible for delivering early childhood programs to children and families. This would include child care programs, Head Start, public school districts, employers and all levels of government.

The State will pay the same reimbursement rate to contracted child care centers as it does through the voucher system. The rate for centers will be composed of a state payment, a local match requirement and parent copayment fees. Parents receiving vouchers will pay the same copayment fee as parents in contracted programs.

Current Child Care Highlights

It has been an extraordinary year for child care in our state:

This year Governor Whitman announced "Bright Beginnings," a $8.5 million early childhood initiative in April, to expand and improve the quality of child care services and encourage collaboration among the groups and agencies involved with children.

"Bright Beginnings" will increase the number of registered family day care providers by reducing the waiting list for registration as a provider in each county. It will provide parent consumer education services on both a statewide and county-wide basis.

"Bright Beginnings" will expand child care facilities for young children through grants and low-interest revolving loans. All regulated child care programs are eligible to apply.

It will provide partnership grants to bring together various providers of early childhood programs: public schools, Head Start, child care programs, and our single county agency for child care service delivery.

"Bright Beginnings" will support the professional development of child care staff. It creates a statewide professional development center and provides scholarships and grants for educational activities that lead to credentials or accreditation.

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"Bright Beginnings" is expected to create over 8,500 new child care spaces statewide. We anticipate that it will serve as a catalyst for further initiatives to serve young children and their families.

The Department of Human Services recently completed a year-long public process to redesign the subsidized child care system and provide more services to more families. The process involved 40 meetings and took testimony and comments from over 1,000 persons and organizations. Governor Whitman used many of the recommendations from these meetings to inform her "Bright Beginnings" initiative.

In December, 1996, the Department of Education announced the commitment of $288 million annually to 125 low-income school districts to establish full-day kindergartens and preikindergartens over a five-year period. My Department is working closely with the Department of Education and the federal government to encourage the most effective use of these and other early childhood funds.

DHS was pleased to learn that the most recent Head Start Expansion Grant will bring nearly $3.5 million into New Jersey in new money for early childhood programs. We were gratified that collaboration with members of the child care community was a priority in reviewing the proposals.

The Advisory Council on Women of the General Assembly held two public hearings on child care issues in October 1996 and May 1997. Legislation introduced as a result of the hearings is presently under review by the Department and the Child Care Advisory Council.

The New Jersey Child Care Advisory Council took the lead in preparing the final report of Sows the Seeds for Growth: An Early Childhood Professional Development Plan in collaboration with five state departments and representatives of the business, higher education and early childhood communities,. A request for proposals will be issued later this year to establish a Center for Early Childhood Professional Development.

The Woodrow Wilson School of Public and International Affairs of Princeton University held an Early Childhood Symposium in April. The Symposium brought together researchers, employers, elected officials, state policy makers, representatives of Head Start, and the wider child care community.

Today, I would like to speak to three key topics regarding quality child care: Child Care Subsidies, Child Care Regulations, and Professional Development Issues. Each of these target areas is a focus for New Jersey because each impacts directly on the availability, affordability and quality of child care.

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Child Care Subsidies

New Jersey currently projects its FY 1998 spending of State and Federal funds for child care at $121,101,000. These funds subsidize 49,510 children. This figure is subject to change based on client participation rates and type of child care arrangement needed. Our reimbursement rates are based on a sliding fee scale and are determined by age of child, the type of child care used and the amount of time child care is needed. In addition to State-administered funds, Federally-funded Head Start programs in New Jersey serve over 12,000 children at a cost of $76 million.

New Jersey is presently exploring the full range of possible sources for short-term and long-range funding for child care. As a result of our redesign of the subsidized child care system, we expanded our search for resources beyond the Department and beyond State and Federal government subsidies. In November 1996, the New Jersey Child Care Advisory Council sponsored a one-day roundtable at the Eagleton Institute at Rutgers University. This meeting led to the formation of the Resource Development Committee. The Committee is working with DHS and others to identify all possible sources of child care support and will meet with a national consultant on child care financing later this summer to develop a cohesive, long-range plan for financing child care.

DHS redesigned the subsidized child care system by means of a year-long public process. This process resulted in the following improvements.

There will be a two year, post-TANF, transitional child care (TCC) subsidy available to working parents who have left welfare. This is an important part of our Work First New Jersey welfare reform program and doubles the previous TCC of one year.

We redesigned our child care delivery system, including child care resource and referral services (CCR&R). We reduced from over 30 contracts to 16 and contracted with a single agency in each of our 21 counties to carry out a range of child care services. These services include voucher management for welfare and low-income families, CCR&R services, the family day care provider registration process, and the promotion of child care as an employment opportunity. This streamlining of the child care system resulted in a savings of $8 million which we reinvested in child care.

We set our eligibility entrance for child care subsidy at 200% of the federal poverty index and set priority tiers at 150% and 175%. Families exit the subsidy system at 250% of FPL.

We committed to maintain a two-part subsidized system: contracts and vouchers. We contract with over 200 community-based centers and

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provide vouchers to families based on a county-based formula. We have contracts with 215 non-profit, community-based child care centers serving approximately 12,000 eligible children in centers in their own neighborhoods.

The process also indicated some areas that will require further work and study.

Our research on subsidies has targeted two major subsidy areas: reimbursement rates and the subsidy waiting list. These reflect the concern raised earlier in our redesign process: whether or not programs are being paid enough to do a quality job with our children and the extent to which we can meet the needs of both welfare recipients and low-income working parents.

Over time, the administration of child care services has transferred from the Division of Youth and Family Services to the Division of Family Development. In the near future, we expect that the contracting management for the State-contracted centers will move to the Division of Family Development as well. The responsibility for child care regulations is assigned to the Division of Youth and Family Services by law and will remain there.

Child Care Regulations

New Jersey has been licensing child care centers since 1946 and has been registering family day care providers on a voluntary basis since 1987. The Bureau of Licensing in the Division of Youth and Family Services is responsible for child care regulation. We are particularly proud of the licensing regulations, and, in particular, of the process by which the regulations are periodically reviewed.

The purpose of child care regulations is to balance the safety, health and development of children with the programmatic design of the child care program. Regulations are an important safeguard for children in child care and we pay a lot of attention to the process of developing, implementing and improving them.

Regulations limit the number of children served in a program and the number of children for whom a staff member can be responsible. Some persons outside the child care community have suggested that the way to increase the availability of child care is to lower the regulatory requirements. New Jersey will not lower its current requirements. Licensing laws and regulations represent the a consensus among interested parties of what is required to safeguard the lives and contribute to the development of young children. There can be no compromise on this issue.

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In our most recent periodic review of our child care regulations, several significant changes have been recommended for final public review, including an annual staff development requirement for all staff directly involved with children and an improved child-staff ratio for four-year-olds. This review was carried out by the Bureau of Licensing staff and involved over 25 members of the community representing all types of child care programs

In a move to increase the contact between licensing regulators and the centers they inspect, DYFS Bureau of Licensing staff will begin to visit centers every 18-months, rather than every three years. Presently, two inspections are made at the time of licensing renewal: a site inspection and a program review.

Beginning in September, the Bureau will send the site inspector out to determine compliance with building codes. Approximately 18 months later, the program inspector will visit the center. In either case, if any problems are noted, the relevant inspector will visit to the center immediately. The Department will continue to examine the current policy to see how well it is working. We have recently made arrangements to add more inspectors to the DYFS Bureau of Licensing staff.

Approved Homes

In 1987, New Jersey began its REACH welfare reform program and offered parents the option of selecting their own child caregiver. With the advent of the 1990 Child Care Development Block Grant (CCDBG), the federal government required an approval process for this form of child care.

New Jersey established requirements for approved homes at that time. After a parent identifies their provider, a site inspection is required. The number of children cared for is limited, no referrals are made to the provider, and the reimbursement rate is 60% of the family child care rate.

The results of a 1990 New Jersey research study showed that approved home providers are usually family members or friends who want to help out, that they usually maintain compliance with the enrollment requirements, and that they meet with the approval of parents.

A committee has been established to make recommendations on how best to provide support to approved homes. We are already attempting to replicate a 1990 study on approved homes usage by the Edward J. Bloustein School of Planning and Public Policy at Rutgers, The State University. Beginning in August, a specially designed newsletter prepared by a national organization will be distributed to approved providers on a quarterly basis.

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The newsletter will include helpful information to persons who care for other people's children.

Professional Development

One of the main components of a quality child care system is the level of professional development of program staff. New Jersey has many early childhood career opportunities available and has an array of educational and staff preparation programs, both for-credit and not-for-credit.

We are committed to setting up an information system on training resources. We will be able to tell those interested in careers in early childhood education how best to pursue them.

The Center for Early Childhood Professional Development proposed by the Sows the Seeds for Growth project will be available to all early childhood professionals at every level, novice to professor. The Center is expected to address professional standards, resource development, and the establishment of a directory of early childhood professional services and a registry of early childhood professionals.

Governor Whitman's "Bright Beginnings" proposal for professional development supports the Center, by offers scholarships for early childhood students and by gives support to programs in the process of becoming accredited.

We all care about the young children in our states. We want them to grow up to be healthy contributing citizens and parents. Their future is in our hands. We leave a legacy to the world—and we need now and then to reflect on just what that legacy is. I am pleased that Governor Whitman and the New Jersey Legislature are working toward a better world for children. I feel certain that we will continue to improve our child care system.

I am available for any questions you may have. Thank you again for this opportunity to talk with you about this important issue.

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The CHAIRMAN. Let me start with you, Commissioner. We started off with Jeremy, where the question was probably more one of enforcement than standards or anything else, and the fact that the day care center did not feel any need to follow the rules. And obviously, if you do not have an active enforcement situation, that is bound to happen. How are you doing in the enforcement area?

Mr. WALDMAN. Well, we just started to do better in that area. We increased the frequency of our licensing and visitations at the various centers and programs.

You know, we operate facilities that are inspected by the Federal Government; our psychiatric hospitals are inspected. The truth is, to be honest, for the people who operate these places, if you get inspected once every 2 years or once every 3 years, you know the inspectors are generally coming, and you get everything shipshape and spotless. Things could slip between those intervals, so we increase the intervals in which we visit, and we have got to do more of that.

We have a regulatory process. For example, in New Jersey, we have closed about 16 centers in the last number of years, larger child care centers. It is not necessarily that we went and put a padlock on the door the first time, nor did we impose high fines, because we are trying to balance the supply. Sometimes we shoot ourselves in the foot if we do that too early. But with some centers that temporarily slip, we will require a corrective action plan, we will threaten a fine, so it is progressive. And if it gets totally out of hand, they will get closed down. Most of the centers that closed realized that they were not going to make it through that process, and they were smarter to throw in the towel rather than wait until we imposed the fines.

We have to do a lot more enforcement. I think the best result in the way of enforcement is to educate parents and have an active and vigorous complaint investigation line—because people know when the inspectors are going to come even when we do not announce it; they know when they are due.

The CHAIRMAN. I think that that is an excellent point.

Mr. WALDMAN. So if you have good complaint follow-up, and parents know what violations are and know what they are looking for, we will get out, and you will achieve a better result that way, I think.

The CHAIRMAN. I could probably even ask some of the former witnesses to return on this question. We are going through a phase in our educational system where we suddenly recognize we ought to be measuring outcomes. We are finding that half the kids who go through school now do not learn to read and write.

It may be a little premature to think about this when we are dealing with the basics, but it seems to me we must also think about measuring outcomes in order to get an idea of what works and what does not. I do not mean to spring that on you, but have you been thinking at all about that? I know Dr. Poole could help us out.

Mr. WALDMAN. We are constantly dealing across our department with about 1,500 community-based organizations at almost $1 billion, and so it is foremost on our minds.

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One of the things we recognize when dealing with children or the disabled or the mentally ill is that we are not dealing with widgets, and there are many intervening variables that often affect the outcomes. So it has been a struggle.

In child care, we know and the industry knows what a quality day of child care is worth. We know the outcomes that can be children be more ready to learn. We are struggling with it, and I do not have an answer for you, but I think the opportunities that child care has in measuring some of those—I mean, it is priceless, when you think about it, if an aggressive child care center can get a hearing screening done gratis from a community agency, and they find that one of the children whom they are serving has a hearing deficiency. So instead of that kid failing in school for several years, and losing all his self-esteem dealing with that hearing deficiency, it really is a tremendous outcome.

So maybe certain critical events have to occur, and they have to do some kinds of things. Maybe that kind of satelliting I spoke about with home care is a possibility. Absence of incidents—we also operate the child welfare agency, so we do investigate allegations of abuse and neglect at child care centers as well.

It is hard. I think we should study that. Maybe there should be a national commission on outcomes in child care that we should look for or contract on. It is a fertile area, and I would encourage you to explore it. I think it is important.

The CHAIRMAN. I appreciate that.

Dr. Poole?

Dr. POOLE. The trouble is exactly that, that it is probably the least studied industry in the world when you consider the amount of money that is put yearly into child care. So the studies and the things that New Jersey is attempting—and what you hear from everybody is that IBM has done a tremendous job with everything it is attempting and trying. It is really a new industry when you look at the fact that Government and business are trying to figure it out.

The University of North Carolina has just embarked upon a 5-year study to look at outcomes management. Anecdotally, as far as the higher-end child care centers, when these kids go to kindergarten and first grade, they are head and shoulders above the others. That, unfortunately, though, is not really what we are about. The high-end child care centers that cost more and have higher quality are basically doing fine. What I am worried about is what was presented earlier, and that is the people who cannot afford it, and those kids are high-risk from the word go.

It is something we need to study so that we can come to you and say, Look, here it is—they cannot do as well in school. There is no question about it as a pediatrician, developmentally—it is back to the zero to 3 stuff, too—that if we cannot do it now, they are not going to do it later.

The CHAIRMAN. Ted?

Mr. CHILDS. Thank you for the compliment.

The CHAIRMAN. Yes, we gave you a compliment.

Mr. CHILDS. I believe you were referring to our "Writing to Read" program——

Dr. POOLE. Yes.

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Mr. CHILDS [continuing]. That is a product that we market. We first put it on the market with a challenge to certain communities that if the children did not improve in their reading, they did not have to pay us for it.

In the child care area, any of the centers that we support, we put the computers in, as I mentioned in my testimony, with developmentally appropriate software. Now, I cannot respond to how we are tracking that. What we are hearing is that these children are better prepared to enter school. And what we believe is that if there has been a national focus through the National Education Goals to have the schools ready for the children, this type of initiative is a positive step toward having the children ready for school when they get there. So these are two trains that are going to meet in a very loving and compassionate way. The place will be ready to receive them, and they will be ready to get there.

The CHAIRMAN. I appreciate what IBM is doing; I am a great believer in your corporation. Of course, you have a nice plant in my State, which does help my affection. But I am interested in some of the comments you made, and I would like to ask you about how we can enhance your activities.

You mentioned the availability of computers, which we talked about. Would it be helpful if that were a charitable deduction rather than just a gift? Would that expand your capacity to help in this regard?

Mr. CHILDS. Mr. Chairman, anything you do to enhance the reach of our resources is obviously helpful. But I find it awkward to answer that question in the context that we have committed $75 million to dependent care in this decade; by a factor of 3, it is that much larger than the next largest investment from a corporation.

Whether it is a contribution or a tax incentive, since I have probably been more involved than anyone else in recruiting companies to come to the ABC, I believe that any incentive will be a tool and not a liability. In terms of a company that has made our commitment, I would not speculate with you on what that would cause us to do, because we have not been driven to the support that we have provided based on any legislative factors or any charitable contribution factors. We have been driven there based on the business need, the imperative that we have seen to facilitate our ability to attract and retain the workforce that we need to compete in our marketplace, and that has been a compelling enough need to drive us to take these actions.

The CHAIRMAN. I understand, and I believe that that is certainly the case. I am just trying to think about other corporations, either getting the computers and working with you, whether that would be incentive for others. We are just trying to find every way we can to increase the amount of business involvement.

Mr. CHILDS. Well, from that perspective, Senator, calling on the other companies as I do on behalf of ABC, those tools would be appreciated.

The CHAIRMAN. We are running out of time, or I am running out of energy—I am not sure which is going to come first—but I just cannot thank you enough. I do have another question. You mentioned that flexibility would be necessary or helpful. I am thinking in terms of flextime, comp time situations and whether, if we were

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to be able to get those laws enacted, that would be helpful in the child care area for parents who are trying to adjust their schedules and so on.

Mr. CHILDS. Once again, we are a company that has, as documented by Working Mother Magazine, the most extensive leave of absence policy in the country—up to 3 years, with full benefits, and part-time work available after the first year.

I am reminded, however, that in the State of Vermont in the nineties, where our chip plant is, when we were confronted with the need to take competitive action in terms of the hours worked, and we recognized that our chief competition was working 24 hours a day, 7 days a week, we implemented two pilots in Vermont at that plant in manufacturing. In Pilot A, you worked 8 hours a day for 10 straight days. In Pilot B, you worked 12 hours a day, but you worked 4 days, and you got 3 off, you worked 3, and you got 4 off, so you worked 7 of every 14 days.

Those pilots were both so successful that the employees involved asked to keep both of them, and we did. That kind of flexibility is very important.

In some States, we would not be able to do that, because in some States—California, for example, where we have a large plant—if you work in excess of 8 hours per day, you have to pay overtime even though you only work 40 hours a week. So that 4 10-hour days would not be acceptable in that environment. That is anti-competitive.

So that kind of flexibility would be very helpful.

The issue of the TEAM Act, if I may invoke that——

The CHAIRMAN. I am sorry Senator Dodd has left, but go ahead.

Mr. Childs [continuing.] But it will get into the testimony.

The CHAIRMAN. Right.

Mr. CHILDS. The fact is that when we have used our employee surveys, they have enabled us to become the premier workplace in America, I believe. But they are anonymous gatherings of data, and what we really need is the ability to bring the people together who work together and who know what the problems are and are best equipped, because they are living through the problems, to help us develop solutions.

People who are confronting problems know what the depth of the problem is and have visions about what would solve the problem. If we could bring people together in small groups who have those common interests and common issues, we believe we would be able to produce solutions that would be very productive and very competitive, and we do not believe that our approach to the TEAM Act in any way jeopardizes or threatens the labor movement in this country. We are the largest nonunion company in the country, I believe, or certainly one of the largest, and it is not our intent to slam that community. It is simply our intent to have the ability to further complement the initiatives that we have already implemented to make our company the best company we can have it be.

The CHAIRMAN. Thank you very much.

Mr. CHILDS. Thank you, sir.

The CHAIRMAN. Thank you all for your testimony. I cannot tell you how helpful this has been.

I am confident that we will be able to move the bill, hopefully, relatively quickly. In fact, Senator Dodd and I are dreaming of moving it next week, but I think that that is probably a little bit overly hopeful. But we know there is an urgent need here, and as I pointed out earlier, we received 57 votes in the Senate on the tax provisions of this bill. Basically, if we had had just three more votes, we would be talking about it in conference right now.

[Additional statements and material received for the record follow:]

PREPARED STATEMENT OF GOVERNOR JIM HUNT, NORTH CAROLINA

The most important thing we can do is prepare our children for the 21st century. To do that, we need to give children a good start in life so they can come to school healthy and ready to succeed.

New scientific studies show that 85 percent of brain development—and much of a child's emotional and intellectual growth—occurs in the first three years of life. In North Carolina—a state with one of the nation's highest percentages of working mothers—that means we must make sure every child has access to quality day care.

Smart Start helps children and families get access to higher quality child care, more child care spaces, better-trained child care teachers, preventive health screenings and family support services. Since we launched our early childhood initiative in 1993, Smart Start has grown into a national model for early childhood education. One reason is its innovative approach to helping children and families succeed. With seed money from the public and private sectors, local people—families, churches, businesses, non-profits, parents and local government—work together to determine how best to serve their children.

Because of Smart Start, thousands of North Carolina children are getting higher quality early education and greater access to preventive health care. In 43 of North Carolina's 100 counties where Smart Start is currently providing services:

- The percentage of high-quality, AA-licensed child care centers has increased by more than 60 percent.
- More than 37,000 children have received child care subsidies so their parents can work, and Smart Start has created more than 32,000 new child care slots.
- More than 87,000 children have received early intervention and preventive health screenings.
- More than 26,000 teachers have received additional training through Smart Start educational programs.

For example, in Burke County, a public dental health clinic was established, bringing together local dentists and the health department to provide dental treatment for children and dental education for parents. And in Nash and Edgecombe counties, 2,265 families with young children have been identified through the Smart Start outreach project and have received parent education and support.

Objective studies show Smart Start is working well. UNC-CH's Frank Porter Graham Child Development Center says Smart Start is significantly increasing the overall quality of child care. The NC General Assembly's Coopers & Lybrand audit called for the expansion of Smart Start and confirmed that it is "a credible program that delivers substantial good to children and families."

In North Carolina we're on the right track, but we're still not reaching enough children. Over the next four years, we plan to expand Smart Start to all 100 counties in North Carolina so all of our children get the quality early childhood education they deserve.

WRITTEN TESTIMONY
TO THE LABOR AND HUMAN RESOURCES COMMITTEE.
UNITED STATES SENATE
Hon. Jim Jeffords Chairman
July 17, 1997

PREPARED STATEMENT OF YASMINA S. VINCI, EXECUTIVE DIRECTOR

NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

The recent release of research findings on the importance of early development of the human brain for later success has generated a wave of public interest in policies, practices and strategies that promote every child's ability to grow up and become a productive citizen. With nearly 10 million children spending some (often a

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large) portion of their days in the care of someone other than the parent, ensuring good, nurturing experiences for our youngest children becomes an issue for all: families, employers, communities, and government.

From federal, state, and local perspectives alike, the system of child care and early education is a complex one, an intricate array of providers of care, funders of care, consumers of care, and advocates for good care, for enough care, and for affordable care. While the public education system is one in which states and local governments are the primary planners and funders for the services, the child care and early education system has many stakeholders. They range from informal, unregulated caregivers to regulated family child care homes, non-profit and for-profit child care centers, Head Start, nursery schools, after-school and vacation care in centers, homes, schools, churches, parks and recreation departments. Unlike the elementary, secondary, and much of higher education, most of the early care and education is purchased by the parents themselves. This wide variety of providers, consumers and advocates speaks in various voices about how care should be regulated (or not regulated), and subsidized (or not subsidized), how training should be delivered, and how child care should be (or not) expanded and improved.

Research in both child care centers and family child care homes has shown that only a very small percentage of care (14 percent of center care and 12 percent of family child care) is of good quality and good for the children. The rest of available care—unsatisfactory or mediocre, even when it does not cause harm to the child's life, endangers healthy development.

The same research has also shown that the quality of care that a child receives is most critical for the most vulnerable children. This group includes young infants, children with special needs, and children from lowest income homes.

By now we know that good care is not only important in order for children to grow and develop (and ultimately to contribute to the future of the country and our competitiveness in the global economy), but also that it supports each family's ability to participate in the workforce.

We also know enough about what can and should be done in order to achieve good quality in most care settings.

First, strong licensing standards and their enforcement are critical to the prevention of harm to children. While licensing standards are only a state's basic legal requirements, and not indicators of quality, research finds that outcomes for children are better in states with higher licensing standards.

Research and common sense tell us that children enter school ready to succeed when they have had continuous supportive relationship with a child caregiver. The key to a child care workforce with low-turnover, skill, and dedication to working with children, is in providing equitable pay and benefits. The issue of pay and benefits for people who are caring for children is. one that will not go away and must be addressed.

From both research and experience, we know what good care looks like and how important it is for each child to have a stable, continuous relationship with a committed, skilled adult. Many people enter the caregiving field with strong motivation, but not necessarily with skills to manage a whole group of children, to provide activities that promote each child's readiness to learn, or to interact appropriately with different families. This is where training comes in. Again, a number of research efforts have shown that training results in better quality of care. The training needs of caregivers vary greatly, as do their learning modalities. In a profession which requires daylong presence, expanding access to training is something that must be addressed and can be addressed through creative uses of technology.

Accreditation of programs and credentialing of caregivers are further steps along the continuum to quality. These require resources and support as well.

Assuming that the supply of care is ample and that it is affordable, parents who are well-informed consumers of care further contribute to quality improvement, by choosing one program over another.

Work toward increasing the quality of care for all children will result in many desired outcomes—both as the investment in the nation's human assets, and as the best prevention strategy for many current concerns. To be effective in this effort, the commitment to quality needs to be comprehensive, addressing all elements that support quality, and delivered through a coordinated, locally-driven system which links all the stakeholders and makes early care and education work for families and communities.

This local infrastructure for quality already exists in most communities and under different names. It is child care resource and referral.

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PREPARED STATEMENT OF THE CHILD WELFARE LEAGUE OF AMERICA

QUALITY CHILD CARE MAKES A DIFFERENCE

The Child Welfare League of America would like to thank Chairman Jeffords and the members of the Senate Committee on Labor and Human Resources for holding today's important hearing on Improving Quality of Child Care. It is recognition that there is a critical link between a child's potential growth and development and the quality of the care that each child receives.

The Child Welfare League of America is a 77-year-old association of nearly 950 public and private, non-profit agencies that serve over 2.7 million children, youth and families annually throughout the United States. These agencies provide a full array of services to children and youth, many who have been abused, neglected and abandoned. Over 200 of our member agencies provide child day care services.

In addition to child day care, CWLA member agencies work to address needs related to child abuse and neglect, foster care and adoption, and more recently on issues relating to youth leadership, inadequate housing and homelessness, HIV/AIDS, adolescent pregnancy, family preservation and family support, and other areas of critical support.

In the Committee for Economic Development's 1993 report, Why Child Care Matters, quality child care is defined as providing a nurturing, safe and stimulating environment for children. The report states that quality child care promotes the healthy growth and development of children.

We know high quality child care programs have a major impact on the lives of young children.

Quality Child Care Is A Good Investment

Various longitudinal studies have documented that high quality programs for young children living in poverty have lasting benefits and a return on investment. The High/Scope Perry Preschool Study through Age 27 found a $7.16 return for each dollar invested. Some of the savings were due to reduced special education and welfare costs and higher future worker productivity.

The Carnegie Corporation's report, Starting Points, finds that "quality child care enables a young child to become emotionally secure, socially competent, and intellectually capable." The report indicates that "children who receive warm and sensitive caregiving are more likely to enter school ready and eager to learn." Inadequate or barely adequate care is a powerful predictor of early dropping out of school and delinquency.

How Does Child Care Impact The Lives Of Young Children?

A Child Trends study in 1991 found that children in families on AFDC, who are nearly one-third more likely to suffer either from delays in growth and development, a significant emotional or behavioral problem, or a learning disability, have a greater need for more comprehensive and higher quality services than other children.

In addition, we know that:

- across all levels of maternal education and child gender and ethnicity, children's cognitive and socio-emotional development are positively related to the quality of their child care experience (Cost, Quality, and Child Outcomes in Child Care Centers);
- nearly one-third more children in families on welfare are likely to suffer either delays in growth and development, a significant emotional or behavioral problem, or a learning disability (Child Care Tradeoffs: States Make Painful Choices);
- children in higher quality preschool classrooms display greater receptive language ability and pre-math skills, view their child care and themselves more positively, have warmer relationships with their teachers, and have more advanced social skills than those in lower quality classrooms (Cost, Quality, and Child Outcomes in Child Care Centers);
- children from low-income families are less likely to attend child care/early care and education programs with about 50 percent of children living in households with incomes of $10,000 or less regularly attending a program compared to over 75 percent of children in households with incomes in excess of $75,000 attending a program (US Department of Education);
- when family child care providers are sensitive, children are more likely to be securely attached to the provider (The Study of Children in Family Child Care and Relative Care);
- when family child care providers are responsive, children are far more likely to play with objects and to engage in more complex play, which leads to language skills and reading and math readiness (The Study of Children in Family Child Care and Relative Care).

What Is The Status of Child Care Quality?

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There are many concerns about the current status of the quality of child care services. We know that:

- in one study, the quality of 40 percent of the infant and toddler classrooms in centers were found to endanger children's health and safety (Cost, Quality, and Child Outcomes in Child Care Centers);
- seven of ten centers provide mediocre care, and one in eight provide care that is so inadequate that it threatens the health and safety of children (Cost, Quality, and Child Outcomes in Child Care Centers);
- only one in seven centers provides a level of care that promotes healthy development (Cost, Quality, and Child Outcomes in Child Care Centers);
- in a study of family child care homes, only 9 percent of the homes were rated as good quality (growth-enhancing); 56 percent were rated as adequate/custodial (neither growth-enhancing nor growth-harming); and 35 percent were rated as inadequate (growth-harming) (The Study of Children in Family Child Care and Relative Care);
- in many states, individuals who care for young children are not required to hold any certificate or degree (Starting Points: Meeting the Needs of Our Youngest Children);
- many states require no or minimal presence and in-service training;
- about 40 percent of center-based programs are exempt from state regulation and as much as 80 percent of the family child care providers are not regulated (Children's Defense Fund);
- average annual staff turnover rates for child care programs is about 40 percent (Cost, Quality, and Child Outcomes in Child Care Centers);

What Are The Predictors Of Quality Child Care?

Research has indicated that there are certain predictors of quality child care services:

- The quality of child care is primarily related to higher staff-to-child ratios, staff education, and administrator's prior experience (Cost, Quality, and Child Outcomes in Child Care Centers);
- Certain characteristics such as teacher wages, education, and specialized training distinguish poor, mediocre, and good-quality centers (Cost, Quality, and Child Outcomes in Child Care Centers); and
- Family child care providers are more likely to be rated as sensitive, observed as responsive, and rated as having higher global quality scores when they:
- are committed to taking care of children and are doing so from a sense that this work is important;
- seek out opportunities to learn about children's development and child care, have higher levels of education, and participate in family child care training;
- plan experiences for the children;
- seek out others who are providing care and are more involved with other family child care providers;
- charge higher rates and follow standard business and safety practices;
- are regulated; and
- care for slightly larger groups.

(The Study of Children in Family Child Care and Relative Care);

Recommendations To Improve The Quality Of Child Care Services

We urge the careful consideration and support of various approaches to improve the quality of child care services delivered to young children. These approaches are based upon research findings that show a relationship between quality and professional development, caregiver compensation, specialized training,classroom size, and child-to-staff ratios. Some of the approaches include:

- development and support of a professional credentialling system for child care staff;
- linking training to higher compensation to encourage professional development of child care staff;
- loan forgiveness for participation in higher education to support child care staff to pursue academic degrees;
- incentives for accredited programs;

improved standards in child:staff ratios, classroom size, and qualifications for staff and administrators, all predictors of quality care; and

- parent information about the elements of quality care to make them better and more informed consumers.

We appreciate the opportunity to provide our views on this very important matter, and we look forward to working with the Committee as it proceeds.

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EARLY CHILDHOOD DEVELOPMENT CENTER LEGISLATIVE COALITION

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Dr. William J. Tobin
Executive Director

STATEMENT FOR THE RECORD SUBMITTED BY THE EARLY CHILDHOOD DEVELOPMENT CENTER LEGISLATIVE COALITION FOR THE SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES HEARING ON IMPROVING THE QUALITY OF CHILD CARE, JULY 17, 1997
Prepared by Dr. William J. Tobin, Executive Director

Senator Jeffords and Members of the Committee:

The following testimony is submitted on behalf of the members of the Early Childhood Development Center Legislative Coalition which represents nationally the licensed private and religious early childhood education and care centers. It is generally accepted that center-based early childhood center programs are 50% private/for-profit, 40% religiously-affiliated, and 10% non-profit.

The definition of quality in child care admits of varying interpretations. The one that has great support in the academic and practicing early childhood arena is that quality results from the confluence of those factors and activities which contribute most directly to positive outcomes in children.

Among its preeminent indicators are the professional preparation (training and credentialing) of the administrators and teachers, and the disciplined self-study and refinements that occur through an accreditation process.

In this regard, we applaud your initiative in developing "The Creating Improved Delivery of Child Care: Affordable, Reliable, and Educational Act," or "CIDCARE Act". Its emphasis on fostering a varied and competitive group of early childhood professional accreditation and teacher training and credentialing organizations and programs directly should contribute significantly to your objective of fostering safe, healthy, and developmentally appropriate care for the millions of young children from welfare-emerging and low-income families.

At present, we have been able to identify the following early childhood professional program accrediting organizations:

- the National Academy of Early Childhood Programs, developed in affiliation with the National Association for the Education of Young Children;
- the National Accreditation Council for Early Childhood Professional Personnel and Programs;
- the National Early Childhood Program Accreditation, developed by the National Child Care Association;
- the Preschool Excel Accreditation Program, developed by the Association of Christian Schools International;
- the pre-school accreditation component of the National Lutheran School Association of the Lutheran Church-Missouri Synod
- the Florida Catholic Conference Early Childhood Accreditation Program;
- the Pre-School Accreditation programs, religious and private, recognized by the National Council for Private School Accreditation; and
- the National Association for Family Day Care Accreditation.

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In addition, to our knowledge, the following organizations oversee teacher training and offer credentialing services:

* the Council for Early Childhood Professional Recognition, a former affiliate of the NAEYC, which offers a Child Development Associate credential (CDA);
* the National Accreditation Council for Early Childhood Professional Personnel and Programs which offers a Certified Professional in Childcare credential (CPC);
* the National Association for Child Development Education which offers two credentials, the Christian Child Development Education credential (CCDE) and the Christian Child Development credential (CCD); and
* the National Child Care Association which offers a Certified Childcare Professional credential (CCP).

In addition, in several States there are a variety of so-called "CDA Equivalent Credentials" offered by various educational entities and recognized by the State.

There is one additional problem which we would like to bring to your attention. There has been a significant trend in recent years for States to inaugurate, usually through their Departments of Education, what are called Pre-Kindergarten (Pre-K) programs. Because these are conducted on public school premises, the programs are not required to be regulated and licensed as centers are. These Pre-K programs usually are offered for 3- and 4-year old youngsters. In fact, it is generally agreed that the provisions for health and safety are less than desirable for children of that age.

Because of the concerns we have about the health and safety of children in Pre-K programs as well as strong doubts about the psychological and pedagogical appropriateness of the setting, we are appending to this statement a Position Paper, "Public School-Based Pre-Kindergarten (Pre-K)," authored by Dr. William J. Tobin in 1996.

Senator Jeffords and Committee Members we look forward to working with you as the legislation you are proposing moves forward through Congress.

PUBLIC SCHOOL-BASED PRE-KINDERGARTEN (Pre-K)

A late 1994 study issued by the Children's Defense Fund, First Steps, Promising Futures: State Prekindergarten Initiatives in the 1990s, reported that during 1990-91 12 States had invested $667 Million in various Pre-K initiatives predominantly conducted through Public School Districts (see summary of the highest State expenditures at end). Much of this funding came from State resources, but a review and analysis by this author of the recent State Plans and State Applications for the CCDBG has shown that several States (e.g., CT, FL, IL, KS, KY, LA, MI, MN, NJ, OR, PA, SC, and VA) were currently using part of these Federal funds to start or expand Pre-K programs in the Public Schools, and most of these and other States have been using Block Grant funds to help expand Head Start programs.

This is a very harmful trend and questionable public policy for several reasons.

The only known large-scale study of the effectiveness of Public School Pre-K programs was conducted by Anne Mitchell, Michelle Seligson, and Fern Marx and reported in their study, Early Childhood Programs and the Public Schools: Between Promise and Practice, (Dover, MA: Auburn House Publishing Co., 1989). Their study was nationwide and encompassed three phases: a State Survey of Administrative Policies; a District Survey of 1225 Public School Districts; and Case Studies in-depth of 13 School Districts in 12 States. In summary, they gave the Public School-based Pre-K programs failing grades [reported in a summary article in Young Children, (September, 1989), 60]:

> Clearly, all the cautions and 'only-ifs' voiced by early childhood professionals have not been heeded. Nationwide, the situation is that public school prekindergartens are:
>
> * doing fairly well on the mechanics of quality group size and staffing ratios;
> * not doing so well on teacher preparation, program content, or multicultural sensitivity;

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- not commonly providing comprehensive services;
- not involving parents as much as they could;
- not meeting parents' needs for full-working day, year-round services;
- not subject to the same regulatory standards as other programs for young children;
- not drawing funds away from the early childhood system, but are in some cases drawing away qualified teachers and creating competition for space and children. (emphasis added)

Among additional concerns are the safety and health of young children, particularly in urban, inner-city public school settings, and the fact that Public School-based early childhood programs fall outside the licensing, regulatory and monitoring systems of the States needed to ensure basic health and safety.

However, the principle arguments against the public policy of expanding Pre-K Public School-based programs are economic, psychological, and pedagogical.

a) Economic Argument: First of all, in many instances Public School-based programs can be much more expensive to conduct because of higher teacher salaries and other operational costs. Even though parent fees may not be higher, the public subsidy for the programs can result in a significant draw down of already limited subsidy resources for other parents.

Secondly, private, religious and non-profit centers which provide services for infants through 4-year olds tend to average parent fees over the full range of families and children. In other words, due to the labor intensity of the services, they ordinarily would make money from 4-year old care and lose it on care for infants and toddlers. When these centers lose access to serving a large pool of 4-year olds, they are forced to charge the actual rates for infant/toddler care which frequently is beyond the means of parents (who, in turn, are forced to seek other, usually unlicensed, family day care arrangements). As a result, the centers would be forced to cease offering much-needed infant/toddler care, and in some instances, are forced to go out of business.

Thirdly, there is the unfair competition argument, namely, that it is blatantly unfair and unjust to use the tax dollars from private, tax-paying centers to start or expand a system that will put them out of business (thereby, also, contributing to a reduction in the availability of child care spaces). Nor is it valid to argue that in some locales Public School Districts may allow other providers to seek contracts to conduct Pre-K programs on Public School sites since in most instances, local regulations prohibit for-profit and religious groups from competing.

b) Psychological Argument: Many early childhood developmental psychologists have voiced concerns about placing 3-and 4-year old children in the formalized structures of Public Schools. They argue that this may result in short- and long-term emotional stress for the young children. As Dr. David Elkind, a former President of the NAEYC, has written (Phi Delta Kappan, [May 1988]):

> What harm is there in exposing young children to formal instruction involving the inculcation of symbolic rules? The harm comes from what I have called 'miseducation'...The short-term risks derive from the stress with all its attendant symptoms that formal instruction places on children; the long-term risks are of at least three kinds: motivational, intellectual, and social. (emphasis added)

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c) Pedagogical Arguments: The more objectivized learning methodologies employed in formal education may be inappropriate for the learning modes for young children which should be based on learning and discovering through play. As Dr. David Weikart observed (Ford Foundation Project on Social Welfare, 1989):

> With the arrival of mass funding, some schools are planning to force formal academic standards on young children. Usually, school curricula involve direct instruction in reading, writing, and arithmetic. The public schools need considerable guidance and training to learn new ways thinking about young children in terms of developmental needs. (emphasis added)

It also can be noted that the goal-oriented process of GOALS-2000 also could negatively affect early childhood development approaches.

Additionally, it should be recalled that during the Congressional debate in 1989-90 on a modified (later rejected) "ABC Bill" which would have earmarked over $425 Million annually for Public School-based early childhood programs, similar reasoning prevailed and the provision was removed from the Bill. What was evident then, seems to continue to be valid. This can also be viewed as an attempt by the leadership of organized Public School teacher unions to seize a role in an area where up to recent years they had not been present, namely, early childhood education, and thereby, reduce or eliminate 85 percent of the early childhood center-based community--the private and religious sectors.

Finally, when it is declared as a justification for this entry of Public Schools into the early childhood area that there are waiting lists for child care in various States, this should more properly be understood as an indication that the current Federal and State subsidy funding for eligible, low-income families has been insufficient, not that spaces in child care are lacking. Rather, ongoing surveys in States of the current vacancy rates in private centers have consistently identified vacancy rates ranging between 15-28 percent. Many owners/administrators of private centers have stated that they readily would expand their infant/toddler programs if only they could fill their vacancies for 3- and 4-year olds. In certain geographic areas, infant and toddler care may be in short supply, but this can be alleviated in other ways than forays of the Public Schools, and few advocates have been sufficiently aware of the exponential growth in the Earned Income Tax Credit program ($36 Billion increase between 1990-96) which also can be used by low-income parents for child care expenses.

SELECTED STATE EXPENDITURES FOR PUBLIC SCHOOL PRE-K (1991-2)

STATE SERVED	EXPENDITURES (Millions)	EST. NO. CHILDREN
CA	$ 83	35,200
FL	69	30,000
IL	71	28,485
KY	31	12,000
MI	33	13,094
NY	52	19,600
TX	144	80,000
WA	19	6,000

(SOURCE: Children's Defense Fund, First Steps, Promising Futures, pp. 23-4; Table 1-2)

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The CHAIRMAN. Thank you very much. I also reserve the right to bug you some more via telephone or otherwise. Thank you.

The committee is adjourned.

[Whereupon, at 5:31 p.m., the committee was adjourned.]

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